

TRANSPORTATION INFORMATION

WILLOW SCHOOL

Please complete the information below for **each child ELIGIBLE** to ride the bus. We must have this form completed and **returned to school PRIOR TO ATTENDANCE** in order to make all necessary arrangements for your child's transportation.

STUDENT NAME _____ TEACHER/ROOM _____

My child **WILL NOT** be riding the bus after school: _____

My child **WILL** ride the bus to: _____
(Bus stop address)

*If your child will be going to a child care provider after school, you must contact Sue Barrows at the District Office (799-8721) to make necessary arrangements.
We will require at least 24 hours notice in order to make transportation changes.*

BUS /ROUTE NUMBER: _____

STOP NUMBER (for ride home): _____

PHONE NUMBER(S)

A number where an adult can be reached between
1:30-2:30 (kindergarten) or 2:45-3:45 (1st & 2nd grade)

**Kindergarteners MUST be met at the bus stop by an adult.
Your child will only be released to those people you list below:**

If there is an adult your child CANNOT get off the bus with, PLEASE make sure the office has proper court documentation on file.



Parent/Guardian signature

Date