KINDERGARTEN BUS TRANSPORTATION NEEDS FORM

To: Parents of Kindergarten Registrants
From: Beverly Canoni, 978-264-4700, Ext. 3228

PLEASE FILL OUT AND RETURN THIS FORM WITHIN ONE WEEK OF RECEIPT to ensure proper arrangements for your child’s transportation to and from school. If you are unsure of daycare arrangements at this time, please call the Bus Transportation Office for further instructions.

Child’s Name________________________________________

Home Address________________________________________Home Phone #________________________

School (Check one box)  Conant □  Douglas □  Gates □  McCarthy-Towne □  Merriam □

Check one box only and fill out the necessary information thereafter:

☐ Child will not require bus transportation to or from school. (If you check this box, you do not have to fill in the box below and your child will not be assigned to a bus route.)

☐ Child will be transported on the school bus to and from a bus stop at or near our home address. No special arrangements will be necessary. (If you check this box, you do not have to fill in the box below.)

☐ Child will need special arrangements for school bus transportation to and / or from school. (If you check this box, you must fill in every line below to ensure proper arrangements for your child.)

If child is placed in the A.M. Session:
Where should child be picked up? __________________________________________________________________________
Where should child be dropped off? __________________________________________________________________________
Mon. __________________________________________________________________________
Tue. __________________________________________________________________________
Wed. __________________________________________________________________________
Thu. __________________________________________________________________________
Fri. __________________________________________________________________________

A.M. Session students are dismissed one hour later on Thursday afternoons than on the other four days.

If child is placed in the P.M. Session:
Where should child be picked up? __________________________________________________________________________
Where should child be dropped off? __________________________________________________________________________
Mon. __________________________________________________________________________
Tue. __________________________________________________________________________
Wed. __________________________________________________________________________
Fri. __________________________________________________________________________

There are no Kindergarten classes for P.M. Session students on Thursdays.

Name of Day Care:________________________________________

Parent’s Signature:________________________________________

Today’s Date / /