



# School Year Transportation Information

Please tell us how your child(ren) will be getting home from school during the week.

Student Name \_\_\_\_\_ Student Name \_\_\_\_\_  
Grade \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Student Name \_\_\_\_\_  
Grade \_\_\_\_\_ Grade \_\_\_\_\_

	BUS	RIDER LINE	**AFTERSCHOOL PROGRAM	OTHER (PLEASE EXPLAIN)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

\*\*This is a fee funded program and paperwork **MUST** be filled out prior to attending.

Will this be the routine for the rest of the school year?      YES    or    NO

Please provide address of bus stop if box is checked \_\_\_\_\_

**To ensure your child's safety, please notify the school office of any changes.**

- Call ~ 603-863-1080 (please leave a message, if there is no answer)
- Email ~ [tmacintyre@sau71.org](mailto:tmacintyre@sau71.org)
- Text ~ 603-504-9018