BUS ROUTE INFORMATION SHEET

In order to help develop the best bus routes, please describe below your exact location. Such things as street name, valley name, ridge name, etc., are very helpful and any names of children who live next to you that attend school. If your child will be getting picked up or dropped off at a caregiver's house, please list the name and address of the caregiver. Please answer the following questions to assist us with the planning.

1.	Will your child use our bus so	ervice?	Yes	No	
2.	Do you have a bus buddy to h	nelp him/her	Yes	No	
	If yes, and you know of either an older sibling or neighbor who would be interested in being a bus buddy for your child, please write the child's name below. If you are not aware of someone, we will find a child that rides the same bus and assign that person to help your child.				
3.	List any concerns that you have about busing.				
					- 12.
MOR	RNING PICK UP AT				
		(place	and address)		
		\$ S9			
AFT	ERNOON DROP OFF AT		and address)		
		(place a	and address)		
Stude	ent Name				