

KINDERGARTEN BUS TRANSPORTATION

Please **PRINT** the following information:

CHILD'S NAME: _____

HOME ADDRESS: _____

VILLAGE (NOT MAILING): _____

HOME TELEPHONE: _____

DAY CARE NAME (if any): _____

**Complete the box below ONLY IF your child is to be picked-up or dropped off
at a location other than your residence:**

PICK-UP ADDRESS: _____ _____
DROP-OFF ADDRESS: _____ _____

PARENT/GUARDIAN FULL NAME: _____

Relationship to child: _____

NEAREST RELATIVE or
EMERGENCY CONTACT: _____

ADDRESS: _____

TELEPHONE: _____

EMERGENCY TELEPHONE # AFTER 3:00 P.M. _____

Legal Documents concerning custody are on file at the Principal's office:

- YES
 NO

If there is ANY CHANGE in the information above, please contact the school office at 401-568-1340 immediately.

