

Please complete this form and return it to Ms. Sleeper on the first day of school, Wednesday September 2nd. Thank you!

Child's Name: _____
(First) (Middle) (Last)

Date of Birth: _____

Parent's Names: _____

Address: _____

Telephone: _____
(Home) (Work)

Transportation to school in the **morning**:

My child will ride on bus # _____

My child will walk with _____

My child will ride with _____

Transportation from school in the **afternoon**:

My child will ride on bus # _____

My child will walk with _____

My child will ride with _____

****If there is any change in transportation during the school year, please send a note or call the office.**

If the first few days of school are different from the information above, please let me know below:

If there is any further information that you would like me to know concerning your child, write on the back: