



SCHOOL TRANSPORTATION SERVICE

PLEASE **FILL OUT ONE FORM PER CHILD**

FULL NAME OF STUDENT: _____

BRITHDATE: _____

GRADE: _____

Animus Credo Erudio

Door-to-Door Morning Pick-up & Afterschool Drop-off

Please check the appropriate box(es):

☐ Morning & Afterschool

☐ Morning **ONLY**

☐ Afterschool **ONLY**

☐ 3:30 pm

☐ 5:00pm

NOTE: 5:00pm Afterschool drop-off is for students in the afterschool program.

Does this child have siblings at the school? ☐ Yes

☐ No

Child lives with:

☐ Both Parents

☐ Parent 1

☐ Parent 2

Pick-up and Drop-off Address:

EMERGENCY CONTACT NUMBERS: (WILL BE GIVEN TO BUS DRIVER)

HOME: _____

WORK: _____

MOBILE: _____

OTHER: _____

NAME OF PARENT: _____

SIGNATURE: _____ **DATE:** _____

NOTE: There are no refunds due to absences.