MONTAGUE AREA PUBLIC SCHOOLS STUDENT TRANSPORTATION SCHEDULE FORM

Student Name:	Date:
Home Address:	Phone #:
School:	Grade:
Name of Child Care Provider:	
Provider Address:	Phone#:
IS SCHOOL BUS TRANSPORTATION NEEDED?	□ NO
<u>IMPORTANT</u> The child care provider must live within the Mont the district to provide your child with bus transportation to tha does not guarantee door-to-door service for daycare facilities o	t provider. The transportation department
Students are provided with transportation to and from bus stop only one designated pick-up address and only one designated d no daily changes can be permitted.	
Student's pick-up address:	
Phone #:	
Student's drop-off address:	
Phone #:	
If your student requires transportation to a childcare provider, possible to assist us in establishing our bus routes. Each year, we Student Transportation Schedule Forms are due to your child's stransportation changes are needed. If permanent changes are during the school year, a new Student Transportation Schedule changes can take effect. For transportation questions, contact to	re update our childcare provider information. school on or before the first day of school or if needed to a pick-up and/or drop-off address Form must be completed before these
Should the driver be aware of any health concerns or other iss	ues for your child?
 Parent/Guardian Signature	 Date

PLEASE RETURN THIS FORM EVEN IF YOUR CHILD DOES NOT REQUIRE BUS TRANSPORTATION. NO TRANSPORTATION WILL BE PROVIDED IF THIS FORM IS NOT RETURNED.