

Student Name: _____ Teacher: _____

BUS FORM

Extremely Important!! This form must be COMPLETED by the FIRST DAY of school. This is for AFTER SCHOOL Transportation ONLY.

Please confirm your student's route by visiting <https://transportation.lcsd2.org/> in mid-August as routes will be updated at that time. (If you have any questions, please call the bus garage at 307-885-7146).

Grade: _____

Parent/Guardian: _____

Address: _____

Town: _____

Phone number: _____



Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday
Always <u>Parent</u> Pick-up	yes	yes	yes	yes	yes
Bus#/animal					
Destination/Drop Off Location					

First day of school only

<input type="checkbox"/> I plan to pick up my child	<input type="checkbox"/> Send them on regular bus	<input type="checkbox"/> Have them walk with a sibling	Other: _____ _____
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- I understand my child will do what this form instructs, unless I contact the office and make a change before **1:30 p.m.** Or send a note with my child to school including the date, and change.

Parent/Guardian signature: _____ Date: _____

EXAMPLE:

Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday
Always <u>Parent</u> pick- up	yes	yes	yes	yes	yes
Bus#/animal	#12 Frog Bus	#12 Frog Bus	#12 Frog Bus	#9 Lion Bus	
Destination/Drop Off Location	Cedar Creek Drive and Alpine Way	Cedar Creek Drive and Alpine Way	Cedar Creek Drive and Alpine Way	Sunny Sprouts daycare	Mom or Dad will pick up

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