

Student Name: _____ Teacher: _____ Grade: _____

BUS FORM

for AFTER SCHOOL Transportation ONLY.

Extremely Important!! This form must be COMPLETED by the FIRST DAY of school. 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 transportation at **307-885-7146**, leave a message and they will contact you.

Parent/Guardian (please print): _____

Phone number: _____

Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday
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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- If a change needs to be made please contact the office and make this change **before 1:30 p.m.** Or send a note with your child to school including the date, and change.

Parent/Guardian signature: _____ Date: _____

***EXAMPLE:**

Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday
Bus#/animal	#12 Frog Bus	#12 Frog Bus	#12 Frog Bus	Dinosaur 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

For student pick up: school is out at 2:30. Please stay in your vehicle and your child will be escorted to the Flag Pole at this time.