

Return all completed forms via backpack to the main office of your child's school by MAY 18

ALL STUDENTS BOTH RETURNING AND NEW MUST COMPLETE THIS FORM TO RIDE A BUS FOR THE 2023-2024 SCHOOL YEAR

Name of Child							
School Grade							
Name of Parent(s))						
Telephone Numbe	er						
		ation of my child					
		les a bus, what nur					
Name of the perso	on responsible	e at this address:					
Telephone #		_					
	(date)	_ my child require	es this tran	sportation for	the followi	ng:	
Pick-up A.M.	Yes	No / P.M. (Kdg. only	YesYes	No		
Return _	Yes	No					
Watertown Board up or after returni my child and abse	of Education ng to the above	will be held harm we location. The pe	less with erson liste	no responsibilied shall be resp	ty for my consible for	at both times and the child before picking proper supervision condesignated above	of
<u>OR</u>							
_		E MY CHILD TO 3-2024 AND DO N					
Signa	ture of Pare	nt/Guardian	_	-		Date	
To be completed by	by Director of	f Operations:		Approved		_ Denied	
Bus#		Approximate Tir	me P	ick-up		Return	