

THIS FORM NEEDS TO BE FILLED OUT EACH YEAR
Alcester-Hudson Bus Transportation Request

If you know/think you may need bus service for the school year, please fill out the following and return it to the office by May 13. A bus driver will contact you before school starts in August. We need to keep our records updated. Thank you.

Male Parent/Guardian: _____

Female Parent/Guardian: _____

Home Address: _____

Primary Contact Number: _____

Male Parent/Guardian

Female Parent/Guardian

Cell	_____	Cell	_____
Work	_____	Work	_____

Please list the Student/Student's that will be riding the bus. If you have a preschool child that will be riding with a sibling, please specify which days they will be riding the bus.

Student/s Name	Circle the Days Riding	Grade	Pick Up Place (am)	Drop Off Place (pm)
_____	M T W T H F	_____	_____	_____
_____	M T W T H F	_____	_____	_____
_____	M T W T H F	_____	_____	_____
_____	M T W T H F	_____	_____	_____
_____	M T W T H F	_____	_____	_____

If you have any questions, please call the office at 934-1890.

Thank you,
 Tim Rhead
 Superintendent

Special Instructions: _____ _____ _____
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