

2019-2020 Pendleton Preschool Transportation Form Date _____

Children will attend either a half-day session **or** an all-day session as determined by administration.

Child's Name: First _____ Last: _____ DOB _____

Parent Contact: First _____ Last: _____ PH: _____

Parent Contact: First _____ Last: _____ PH: _____

COMPLETE TRANSPORTATION SECTIONS FOR BOTH AM AND PM

_____ **My child DOES NOT need AM bus transportation.**

-OR-

Complete only one address

_____ **PLEASE PICK MY CHILD UP AT ONE OF THE FOLLOWING ADDRESSES:**

_____ **OUR HOME ADDRESS:** _____ City _____

Responsible Adult: _____ Relationship: _____ PH: _____

-OR-

_____ **THIS ADDRESS:** _____ City _____

Responsible Adult: _____ Relationship: _____ PH: _____

_____ **My child DOES NOT need PM bus transportation.**

-OR-

Complete only one address

_____ **PLEASE DROP MY CHILD OFF AT ONE OF THE FOLLOWING ADDRESSES:**

_____ **OUR HOME ADDRESS:** _____ City _____

Responsible Adult: _____ Relationship: _____ PH: _____

-OR-

_____ **THIS ADDRESS:** _____ City _____

Responsible Adult: _____ Relationship: _____ PH: _____

OFFICE USE ONLY:

___ **NES** ___ **SES** ___ **ALL DAY** ___ **HALF DAY** **BUS IN:** ___ **BUS OUT:** _____