

KINDERGARTEN TRANSPORTATION INFORMATION

Please fill in information below:

CHILD'S NAME: _____

PARENT'S NAME: _____

Home Address: _____

Home Telephone: _____ Mother Work/Cell _____

Father Work/Cell _____

Transportation plan for Kindergarten students on days attending school.

Please check one:

Child picked up by bus at: Home Day Care Parent Transport

Child dropped off by bus at: Home Day Care Parent Transport

Child will attend before/after school program at: Holy Family School

Additional comments regarding your child's transportation plan: (Allergies etc.)

Name of Day Care provider on School Days: _____

Telephone Number of Day Care Provider: _____

Day Care Address: _____

Please notify the Albany Area School Transportation Department at albanyfourpointo.com of any changes to the above information. Also notify your child's teacher of any changes.

(HFS will send this information to the Albany Area School Transportation Department)