

Rushford-Peterson Transportation Information Sheet

Child(ren) Name(s): _____

New Student: ____ YES ____ NO

Address Change: ____ YES ____ NO

Physical Home Address: _____

Pick-Up Address: _____

Drop-Off Address: _____

Grade: _____

School: _____

Mother's Name: _____

Father's Name: _____

Home Phone #: _____

Emergency Phone #: _____

Comments:

To be completed by Ready Bus Line

Proposed Bus # _____

Proposed P/U Location & Time: _____

Proposed D/O Location & Time: _____