## CUMBERLAND VALLEY SCHOOL DISTRICT TRANSPORTATION NOTICE

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DATE:		ROOM #:		GRADE:		DATE:		ROOM #:		GRADE:		
CHILD'S N	NAME:					CHILD'S	NAME:					
PARENT/GUARDIAN SIGNATURE:						PARENT/GUARDIAN SIGNATURE:						
PARENT/GUARDIAN CONTACT #(s):						PARENT	PARENT/GUARDIAN CONTACT #(s):					
						•••••						
TO SCHOOL:						TO SCHOOL:						
BUS #:	F	FROM (Address):				BUS #	:	FROM (Address):				
BUS STOP LOCATION:						BUS S	BUS STOP LOCATION:					
FROM SCHOOL.						FROM SCHOOL.						
FROM SCHOOL:						FROM SCHOOL:						
BUS #:		TO (Address):				BUS #		TO (Address):				
RECEIVING ADULT & PHONE #:						RECEIV	RECEIVING ADULT & PHONE #:					
MY CHILD WILL NOT RIDE A BUS TODAY DUE TO: (Select One)						MY CHI	MY CHILD WILL NOT RIDE A BUS TODAY DUE TO: (Select One)					
PARENT PICK-UP: TUTORING:						PARENT PICK-UP: TUTORING:						
AFTER SCHOOL CLUB (Fill in Name of Club):						AFTEF	AFTER SCHOOL CLUB (Fill in Name of Club):					
NAME OF PERSON PICKING UP MY CHILD/RELATIONSHIP/PHONE #						NAMI	NAME OF PERSON PICKING UP MY CHILD/RELATIONSHIP/PHONE #					
PHONE NUMBER FOR ABOVE:						PHONE NUMBER FOR ABOVE:						