

BENCHMARK SCHOOL TRANSPORTATION FORM (2011-12)

Please complete the following and return it to the Benchmark office as soon as possible.

Child's name: _____ Phone: _____

Address: _____
Street City Zip Code

School district of residence: _____

Please check the appropriate space:

_____ **My child will ride the bus provided by the school district:**

___ AM ___ PM ___ AM & PM ___ Only if parent/guardian contacts the office

**If a child is scheduled for an after-school activity (clubs & guided study), he/she will not be permitted on the bus unless a note is received from a parent/guardian.*

_____ **My child will be picked up by parent/guardian**

_____ **My child will ride in a car pool arranged by parents. (Please list drivers and schedule below.)**

Driver (s)

Schedule

_____ **Snow – My child should take the bus on a snow day (if already on the bus list.)**

_____ **I give permission for a Benchmark staff member to drive my child home if an emergency arises or when regular transportation after school has failed to pick up and I cannot be reached by phone.**

Parent/guardian signature

Please list any additional information on the back of this page.