

Dr. Thomas J. Curran
Early Childhood Education Center
Bus Application
2018-2019

Student Name _____
Student Address _____
HOME PHONE# _____
BEST number at which to be reached during bus times: _____

Parent/Guardian:
Name: _____
CELL # _____
WORK# _____

Parent/Guardian:
Name: _____
CELL# _____
WORK# _____

Those authorized by PARENT/GUARDIAN to receive student from bus

1. _____
2. _____
3. _____
4. _____

Allergies or Medical Condition of which Bus Driver need be aware:

SCHOOL USE ONLY
Assigned Bus _____
Assigned Stop _____
Approximate Times: Pick up _____ Drop off _____
Student's Teacher: _____