

**Dr. Thomas J. Curran Early Childhood Education Center
Kindergarten Bus Application
2019-2020**

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 needs to be aware of:

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