

For Office Use Only:	
Date Received:	
AM Bus Stop:	
PM Bus Stop:	

2019-2020 New Student Arrival & Dismissal Form

This form serves to provide us with information regarding your scholar's arrival and pick up routines. We provide bus service free of charge to parents that are in need of transportation. However, due to the high cost of transportation we ask that you only use this service if you do not have other options.

Scholars Name:	Grade (Fa	Grade (Fall of 2019):	
Parent Daytime Phone:	Parent Email:		
1) Will you need morning school b	us transportation?		
☐ Yes ☐ N	No, I will drop off each morning		
2) If yes, what is the pickup addres	ss: (please put a street address NOT an i	intersection)	
3) Will you need afternoon school	bus transportation?		
□Yes □No, I will	l pick up at dismissal		
4) If yes, what is the drop off addro	ess: (please put a street address NOT an i	intersection)	
5) I plan on having my scholar in r	nonthly aftercare next year from (3:45pm - 5:30	Opm):	
\square No, they will NOT be participa	ating in the paid after school program (addition	nal fee)	
Yes and I will pick up			
Yes, they will need transportat	ion: (please put a street address NOT a		
guarantee transportation. <u>Transpoaddress(es) listed above.</u> By signing September and you will notify the that BelovED offers free bus transp	mpt to accommodate your request, submission retation is not door to door service, rather a nearly this form, you are affirming that you will be school of any changes of your address. In additional to and from school as a privilege, not ed if your scholar shows unsafe behaviors while	e attending BelovED in ition, that you affirm as a core part of its	
Parent Name Printed	Parent Signature nailed to bus@belovedcss.org or by callin	Date	