

MILLINGTON BUS PICK UP AND DROP OFF LOCATION

STUDENT INFORMATION

Date Form Completed: _____

School Building: _____ Grade _____

Student's Name: _____

Parent's Name (s): _____

Address: _____

Phone Number: _____

PICK UP & DROP OFF SITE

Name of Adult Responsible: _____

Address: _____

Crossroads: _____

Phone Number: _____

EMERGENCY PHONE NUMBER

Phone Number: _____

Please return this form to the principal of the school your child attends. If you have children in more than one school, a form will need to be made out for each individual child and sent to the principal involved.