

All-Star Transportation/Newtown Public Schools

Transportation Information

Please complete this form if you would like your child to go to any address **other** than your home address*

School Name _____

Student's Name _____ Grade _____

Home Address _____

Parent/Guardian Name _____

Address (*if different*) _____

Home Phone _____ Work Phone _____

▪ **MORNING BUS**

Please pick-up my child/children at the following location on

Circle correct days;

Mon Tues Weds Thurs Friday

Name _____ Address _____

Phone _____

*Please note page 1 and 2 are to be submitted together, at your child's school

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Transportation Information

Please Pick up my PM Kindergarten child at:

Name_____

Address_____

Phone_____

Circle correct days;

Mon. Tues Weds Thurs Friday

▪ **AFTERNOON BUS**

Please drop off my child/children to the following location on;

Circle correct days:

Mon. - Tues. – Wed. – Thurs. - Friday

Parent/Guardian Signature;_____

_____Date

*Please note page 1 and 2 are to be submitted together, at your child's school.