

IF YOU REQUIRE BUS TRANSPORTATION OR ARE MAKING ANY CHANGES FROM PREVIOUS INFORMATION GIVEN, THIS FORM MUST BE RETURNED IN ORDER TO ESTABLISH BUS PICK-UP/DROP-OFF TIMES FOR MAKING ANY CHANGES.

(THIS IS FOR TOWN STUDENTS ALSO IF THEY ARE RIDING THE BUS)

RAYMOND CENTRAL PUBLIC SCHOOLS
2010-11
BUS INFORMATIONAL SHEET FAX 785-2097

Please return this sheet if you are making any bus riding changes or asking to be placed on the bus route. Please fax to the Supt.'s Office 402 785-2097 and also call Polly in advance at 402 785-2615. Thank you.

Father's Name _____ Mother's Name _____

Street Address/County Road _____

Post Office Box Number _____ City/Zip _____

Home Phone Number _____ Work Phone Number _____

Parents with elementary students please mark the school your students are attending.

/ / Ceresco

/ / Valparaiso

/ / WE DO NOT NEED BUS SERVICE FOR 2010-11 SCHOOL YEAR.

~Please call Polly (785-2615) if you do not need bus service and you ARE NOT returning this sheet to the Supt.'s Office. We need to know if you do or do not need bus service~

Please list the names of your children riding the bus for the 2010-11 school year indicating their transportation needs. Please indicate the day of week riding for "Occasional" (A schedule is helpful) or how often if for "Will Call" to ride (Once a month/semester/a schedule is helpful also).

| First/Last Name | Grade Level | Will Ride Every Day (Please Mark) | Will Ride Occasional (Explain Frequency) | Will Call To Ride |
|-----------------|-------------|--------------------------------------|---|-------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

I have the following special considerations for bus transportation:
(Such as pick-up, drop off, starting dates, medical conditions, etc.)

THANK YOU!

RETURN TO: SUPT.'S OFFICE, RAYMOND CENTRAL PUBLIC SCHOOLS, 1800 WEST AGNEW ROAD, RAYMOND, NE 68428 THANK YOU!!

Date _____

Signature _____

Bus Information Request for Web