

Charleroi School District Transportation Data Sheet

NEW STUDENT ENTERING DISTRICT

EFFECTIVE DATE: _____

REQUESTED BY: _____

Parents please complete the yellow highlighted areas for your child/children

PLEASE PRINT

	STUDENT NAME	GRADE	BUS #	BUS STOP	PICK-UP/DROP OFF TIME	BUILDING DESTINATION
1						
2						
3						
4						
5						

	PARENT/ GUARDIAN'S NAME (S)	ADDRESS	TELEPHONE NUMBER	EMERGENCY NUMBER
1				
2				