



Bus Transportation Form 2019-2020

PLEASE FILL OUT ONE FORM FOR EACH CHILD IN YOUR FAMILY

Please return transportation form the 1st day of school to the homeroom teacher

Student's Name: _____ Grade/Teacher _____

Morning Transportation:

_____ My child will be driven in _____ M Tu W Th F Every Day

_____ My child walks to school. _____ M Tu W Th F Every Day

_____ My child arrives on the bus. _____ M Tu W Th F Every Day

School District: _____

Bus #: _____

Afternoon Transportation:

_____ My child goes to CARES. _____ M Tu W Th F Every Day

_____ My child will be driven home. _____ M Tu W Th F Every Day

_____ My child will walk home. _____ M Tu W Th F Every Day

_____ Temple Drive walker

_____ Conwell Drive walker

_____ My child will take the bus home. _____ M Tu W Th F Every Day

School District: _____ (*)

Bus #: _____

* Hatboro-Horsham – Will your child transfer at Simmons? Yes No