



Owensboro Catholic Schools



**TRANSPORTATION INFORMATION
FOR 2011 - 2012**

Family Name _____

Please complete the following information for the majority of the time:

Elementary K - 3 Campus

Student Name _____

Student Name _____

___ My children will be ride the bus _____ AM (# _____) _____ PM (# _____)

Address of PM bus drop-off site (be specific) _____

___ My children will be car riders _____ AM _____ PM 2:30 pm

___ My children will be walkers _____ AM _____ PM

___ My children will attend OCES Extended Day _____ PM

___ My children will be picked up by the Family Y Bus _____ PM

___ Other _____

Elementary 4 - 6 Campus

Student Name _____

Student Name _____

___ My children will be ride the bus _____ AM (# _____) _____ PM (# _____)

Address of PM bus drop-off site (be specific) _____

___ My children will be car riders _____ AM _____ PM 2:15 pm

___ My children will be walkers _____ AM _____ PM

___ My children will attend OCES Extended Day _____ PM

___ My children will be picked up by the Family Y Bus _____ PM

___ Other _____