



# Transportation Information

## 2013-2014 School Year

**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 2:30 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 \_\_\_\_\_