**Bartelso Elementary**

 **Bus Information**

**Please complete this form if your child/ren will be riding the bus to or from school AND contact Brad Varel at 618-540-8519 to confirm pick up time and location.**

|  |  |
| --- | --- |
| Student’s Home Address |       |
|  |  |
| Student Name |       | Grade |  |
| Student Name |       | Grade |  |
| Student Name |       | Grade |  |
| Student Name |       | Grade |  |
| Student Name |       | Grade |  |
|  |  |  |  |
| My child/ren will ride the bus TO school |  [ ]  Yes [ ]  No |
| Pickup LocationAddress |       | Days Riding | [ ]  Monday[ ]  Tuesday[ ]  Wednesday[ ]  Thursday[ ]  Friday |
|  |  |  |  |
| My child/ren will ride the bus HOME after school |  [ ]  Yes [ ]  No |
| Drop Off LocationAddress |       | Days Riding | [ ]  Monday[ ]  Tuesday[ ]  Wednesday[ ]  Thursday[ ]  Friday |
|  |  |  |  |
| AlternateDrop Off Location | Address      [ ]  Babysitter[ ]  Grandparent[ ]  Other | Days Riding | [ ]  Monday[ ]  Tuesday[ ]  Wednesday[ ]  Thursday[ ]  Friday |

**For Office Use Only**

**\_\_\_\_\_ Bus 1 (Brad’s bus) \_\_\_\_\_ Bus 2 (Joanie’s bus)**