**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  Location  Address |  | | | Days Riding | Monday  Tuesday  Wednesday  Thursday  Friday |
|  |  | | |  |  |
| My child/ren will ride the bus HOME after school | | | | Yes  No | |
| Drop Off  Location  Address |  | | | Days Riding | Monday  Tuesday  Wednesday  Thursday  Friday |
|  |  | | |  |  |
| Alternate  Drop 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)**