

TRANSPORTATION FORM
PLEASE RETURN TO CLASSROOM TEACHER
ON FIRST DAY OF SCHOOL FOR GRADES P-3 *September 6, 2018*

CHILD'S NAME: _____

ADDRESS: _____

MY CHILD WILL BE:

(A) WALKING HOME WITH OR BEING PICKED UP BY - name & phone #:

(B) GOING TO DAYCARE: NAME OF DAYCARE: _____

PHONE NUMBER: _____

BUS#/RUN#: # _____ 1st Run or 2nd Run _____

(C) TAKING BUS HOME: BUS#/RUN#: # _____ 1st Run or 2nd Run _____

BUS STOP (street address of stop): _____

(Please Note: Only those students taking **Bus #290, #255 & #287**
at the end of the day need to indicate either 1st run or 2nd run)

If for the first few days of school pick up arrangements are different from above please indicate here the dates with details: _____

To check your child's school bus information anytime visit: <https://transportation.avrsb.ca/>
Or call 902-538-4641.

****IT IS ESSENTIAL TO NOTIFY YOUR CHILD'S TEACHER
IN WRITING IF, AT ANY TIME, ANY
OF THE ABOVE INFORMATION CHANGES. ****