

**McCARTHY TESZLER SCHOOL**  
**School Bus Transportation Information**

Date: \_\_\_\_\_

Division / Hall: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Parent(s)/ Guardian(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Numbers:

(Home): \_\_\_\_\_

(Work) Father: \_\_\_\_\_ (Cell) Father: \_\_\_\_\_

(Work) Mother: \_\_\_\_\_ (Cell) Mother: \_\_\_\_\_

Car Seat \_\_\_\_\_ Wheelchair \_\_\_\_\_ Safety Vest \_\_\_\_\_

Emergency Contacts:

Name	Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please fill out this portion **ONLY** if your child is picked up or dropped off at another location rather than your home, for instance a Day Care Facility or a Caregiver's address, on a **REGULAR** basis.

Name of Facility/Caregiver: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

(Check One): Pick-Up Only: \_\_\_\_\_ Drop Off Only: \_\_\_\_\_ Pick-Up & Drop Off: \_\_\_\_\_

Transportation Information:

Bus # \_\_\_\_\_ Driver \_\_\_\_\_

Transportation will begin on: \_\_\_\_\_

Pick-Up Time: \_\_\_\_\_ Drop Off Time: \_\_\_\_\_

Comments: