

BEFORE/AFTER SCHOOL INSTRUCTIONS:

Please PRINT CLEARLY and return completed form to the classroom teacher.

PLEASE NOTE THAT BUS #'S AND ROUTES CHANGE YEARLY.

Please verify your bus stop at <http://www.amphi.com/~amphibus>

STUDENT'S NAME: _____

TEACHER'S NAME: _____

ARRIVAL:

___ Bus # _____ Bus Stop Cross Streets _____

___ Car drop-off

___ PAL/ASAP

___ Walker/Bike

___ Daycare Provider (i.e. Children's World, La Petite, etc.) _____

DEPARTURE:

___ Bus # _____ Bus Stop Cross Streets _____

CONTACT PERSON & PHONE NUMBER IN CASE OF A LATE BUS: _____

___ Car pick-up

___ PAL/ASAP

___ Walker/Bike

___ Daycare Provider (i.e. Children's World, La Petite, etc.) _____