



9 West Avenue, Hicksville, NY 11801 • Tel: 516.938.1137 Fax: 516.822.9269

TRANSPORTATION FORM

Child's Name _____

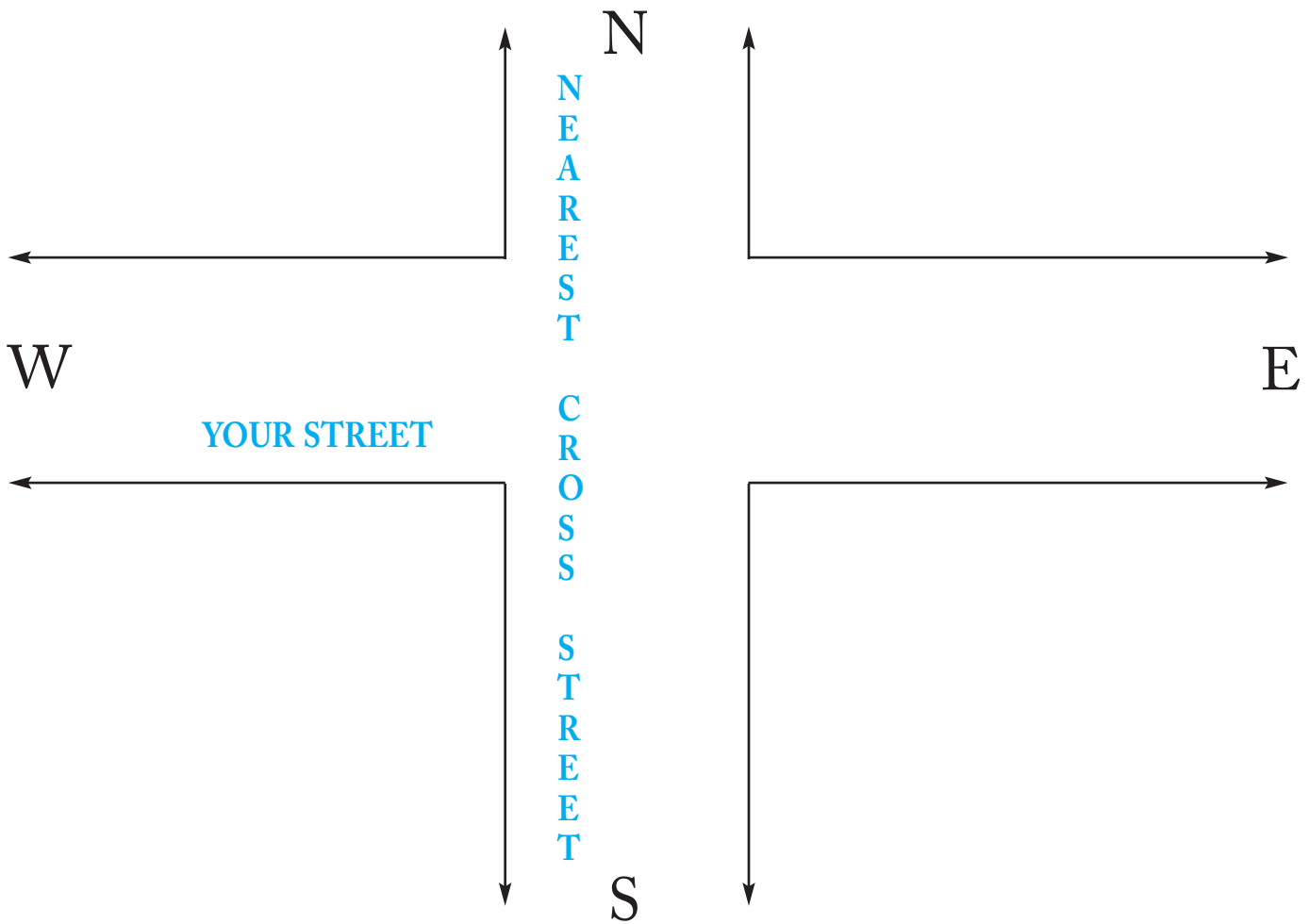
Session _____

Pick Up Address _____

Phone # _____

Drop Off Address _____

Phone # _____



PLEASE INDICATE YOUR HOUSE LOCATION ON YOUR STREET SO THAT THE BUS WILL PULL UP ON THE RIGHT SIDE OF THE STREET IN FRONT OF YOUR HOME

PLEASE LIST NAMES OF PEOPLE AUTHORIZED TO TAKE YOUR CHILD OFF THE BUS
