

Phone: 360.426.4921 Phone: 360.275.4921 Fax: 360.427.8975

## Grapeview School

## "Working together to engage and inspire!"

## TRANSPORTATION FORM

Current Address  Parent Name: Phone N			City			State	;	Zip
			lumber:		Email:	Email:		
Student Name:				Stude	nt Grade:		Riding	Bus (Y/N)
Even if your child	will NOT be rid	ing the scho	ool bus thi	is year, p	olease sign a	and return	this for	n to the office.
The children above will ride the:			M BUS		PM BUS	<b>;</b>		
Students in grades ladult or older siblin student will be broudrop off below. Incepermission to pick to	g waiting for the aght back to school clude name(s) of	em at their ool for pare f babysitters	assigned s nt pick up s, older sib	stop. If a b. Please blings, fi	an approved e clearly stat	individua e your pla	al is not a	there, the fter school
Parent Signature					D	Date		
			For Office U					
	•	Copy to Transport				·		
Bus # Assigned	Driver	Pi	ick Up Time	2	Drop C	off Time		Stop#