

CARAVEL ACADEMY BUS RIDER INFORMATION SHEET

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If your children require bus service for the school year 2017-18 complete this form and return to the Finance Office. This form must be returned in order to activate bus service.

NAME OF STUDENT _____ ENTERING GRADE _____
_____ ENTERING GRADE _____
_____ ENTERING GRADE _____
_____ ENTERING GRADE _____

HOME PHONE NUMBER _____ EMAIL _____

ADDRESS _____ DEVELOPMENT _____

CITY, STATE, ZIP _____

MOTHER'S NAME _____ Cell Phone: _____ Work Phone: _____

FATHER'S NAME _____ Cell Phone: _____ Work Phone: _____

EMERGENCY CONTACT _____ Cell Phone: _____ Work Phone: _____

ENTER LOCATION OF PICK-UP OR DROP-OFF IF OTHER THAN HOME ADDRESS

CHOICE OF SERVICE (CHECK ONE): ____ A.M. & P.M. ____ A.M. ONLY ____ P.M. ONLY

Number of Days Riding the Bus: ____

If not using 5 days per week, please specify days using: _____

Although Caravel Academy tries to be as accommodating as possible when setting up bus routes, we CANNOT guarantee requested stops or times for pick up or drop off. Families who return forms late are not guaranteed bus service or MAY BE assigned to established stops rather than have a choice of stops. Parents will be notified of bus schedules by E-mail in late August.

SIGNATURE _____ DATE _____