

**ST. MARY'S SCHOOL
STUDENT TRANSPORTATION INFORMATION**

Last Name: _____

Student(s) First Name: _____ Grade: _____

Name of Person Regularly Picking Up Student(s): _____

Relationship: _____ Phone #: _____

Additional Authorized Person(s) Allowed To Pick Up Your Child(ren):

(Name)

(Relationship)

(Phone #)

Bus Information (If Applicable):

Morning Bus#: _____

Afternoon Bus#: _____

Bus # If Transfer @ Chester Grade School in Afternoon: _____

Bus Stop Location(s): _____

St. Mary's Aftercare Information (If Applicable):

Student(s) Name(s): _____

Normal Pick-Up Time: _____

Name of Regular Pick-Up Person: _____

Name(s) of Other Authorized Person(s): _____
