

# ZION BUS

OUR LADY OF HUMILITY SCHOOL

ZION BUS INFORMATION FORM

THIS FORM IS TO BE FILLED OUT BY THE PARENT(S) FOR THE CHILDREN WHO RIDE THE ZION BUS TO AND FROM SCHOOL OR ONE WAY.

Please list the names of all children that ride.

FAMILY NAME \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

AM \_\_\_\_\_ PM \_\_\_\_\_ BOTH WAYS \_\_\_\_\_

\_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ BOTH WAYS \_\_\_\_\_

\_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ BOTH WAYS \_\_\_\_\_

\_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ BOTH WAYS \_\_\_\_\_

ADDRESS WHERE CHILD/CHILDREN ARE PICKED UP

ADDRESS WHERE CHILD/CHILDREN ARE DROPPED OFF

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW FAR FROM SCHOOL DO YOU LIVE? PLEASE CHECK ONE.

1½ MILES OR MORE \_\_\_\_\_

LESS THAN 1 MILE \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

IF YOUR CHILD DISCONTINUES RIDING THE BUS, PLEASE NOTIFY THE SCHOOL OF THE DATE THEY STOP RIDING THE BUS.

THANK YOU,

OLH SCHOOL OFFICE

