Derry Area School District 21st CCLC After School Learning Program

STUDENT BUS INFORMATION CARD

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| --- | --- |
| **Name:** | **Date:** |
| **Age:** | **School:** |
| **Please use the space below to provide information to the 21st CCLC Program Director to ensure your child rides the bus home successfully.**   * **REGULAR BUS STOP PREFERENCE / ADDRESS:** * **REQUEST OF BUS STOP PREFERENCE** (based on student need)  |  |  |  | | --- | --- | --- | | **Date(s)** | **Day of Week** | **BUS STOP PREFERENCE / Address** | |  |  |  | |  | **MONDAY** |  | |  | **TUESDAY** |  | |  | **WEDNESDAY** |  | |  | **THURSDAY** |  | |  | **FRIDAY** |  |   **Additional Comments/Suggestions:**  **Does your child utilize any adaptive equipment, including a communication device, that the school bus driver should be familiar with?**(If yes, Please explain) | |

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**