Derry Area School District 21st CCLC After School Learning Program

STUDENT BUS INFORMATION CARD

|  |  |
| --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**