



Pembroke Public Schools

REQUEST TO RIDE AN ALTERNATE BUS TO DAYCARE

SCHOOL ATTENDING: _____

STUDENT'S NAME: _____ GRADE: _____

_____ GRADE: _____

_____ GRADE: _____

HOME ADDRESS: _____

HOME PHONE: _____

DAYTIME PHONE: _____

CELL PHONE: _____

START DATE: _____ STOP DATE: _____

Valid for current school year only, must be completed every year.

PLEASE CIRCLE: PICK UP ONLY DROP OFF ONLY PICK UP/DROP OFF

BUS CURRENTLY RIDING: _____ ALTERNATE BUS: _____

DAYS OF WEEK: _____

LOCATION OF NEW STOP: _____

PURPOSE OF REQUEST:

PARENT'S SIGNATURE: _____

TRANSPORTATION COORDINATOR APPROVAL: _____

Return this form to:

Lori Jacobs, Transportation Coordinator

lori.jacobs@pembrokek12.org

72 Pilgrim Rd.

Pembroke, MA 02359

Ph: 781-829-0832

Fax: 781-829-6957