

CANAAN CHRISTIAN ACADEMY
TRANSPORTATION INFORMATION
2018-2019

Parent's Name _____ Date _____

Address _____ Phone _____

CHILD'S NAME

GRADE LEVEL

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IF YOUR CHILD IS TRANSPORTED BY PUBLIC SCHOOL TRANSPORTATION, PLEASE COMPLETE THIS SECTION:

Public School District in which you reside: _____ f

Public School District providing transportation: _____ a.m. _____ p.m.

Bus number and/or bus driver's name _____

Van driver's name _____

IF YOUR CHILD IS TRANSPORTED BY A CAR POOL, PLEASE COMPLETE THIS SECTION:

CAR POOL INFORMATION	<u>DRIVERS</u> List days driving if there is more than one driver for the car pool	NAMES OF STUDENTS TO BE TRANSPORTED
MORNING TRANSPORTATION		
AFTERNOON TRANSPORTATION		