

**CANAAN CHRISTIAN ACADEMY**  
**TRANSPORTATION INFORMATION**  
**2019-2020**

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		