

All-Star Transportation/Newtown Public Schools

Transportation Information

PLEASE SUBMIT TO YOUR CHILD'S SCHOOL

Please complete this form if you would like your child to go to any address *other* than your home address.

School Name: _____

Student's Name: _____ Grade: _____

Home Address: _____

Parent/Guardian Name: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____

MORNING BUS

Please pick-up my child/children at the following location (Mon – Fri):

Address: _____

Phone: () _____

AFTERNOON BUS

Please drop-off my child/children at the following location (Mon – Fri):

Address: _____

Phone: () _____