

ST. JOSEPH SCHOOL

ONE FORM FOR EACH STUDENT: Kdg. – Grade 6

**** Please return to school as soon as you have all information, including bus numbers.****

**(Bus numbers usually are not available until the end of August.)
We must have this before the start of school.**

Student Name: _____ **Class** _____

Address: _____

Phone Numbers: Home: _____

Work: _____ Work: _____

Cell #: _____ Cell #: _____

Which DISTRICT will be busing your child? _____

FIRST FOUR DAYS OF SCHOOL (NO AFTER SCHOOL CARE AVAILABLE)

Where will your child go at DISMISSAL?

Tues. 9/8	pick up _____	OR	bus # _____
Wed. 9/9	pick up _____	OR	bus # _____
Thurs. 9/10	pick up _____	OR	bus # _____
Fri. 9/11	pick up _____	OR	bus # _____

REGULAR WEEKLY DISMISSAL PROCEDURES BEGINNING SEPT. 14, 2009

Mon.	pick up _____	OR	bus # _____	OR	after school care _____
Tues.	pick up _____	OR	bus # _____	OR	after school care _____
Wed.	pick up _____	OR	bus # _____	OR	after school care _____
Thurs.	pick up _____	OR	bus # _____	OR	after school care _____
Fri.	pick up _____	OR	bus # _____	OR	after school care _____

**** _____ Check here only if using After School Care on an "as needed" basis.**