

Hiawatha AFTER SCHOOL INFORMATION

Student's Name: _____ Teacher's Name: _____

Parent/Guardian Name, Address, and Phone#: _____

Please choose only one option for each day of the week. If your child has an alternating schedule, please provide us with a calendar.

Home Bus Information

My student rides TO SCHOOL (AM) on bus route _____

My student rides FROM SCHOOL (PM) on bus route _____

Address/Phone Number: _____

Days riding the bus home: Monday Tuesday Wednesday Thursday Friday

At-School Pick up Information

My student gets picked up by myself or someone else on the days marked below. We will not release your child to anyone not on this list unless it is the legal parent or guardian of the student. Please call the office at [802-878-1384](tel:802-878-1384) or email mmurphyertle@ewsd.org with any changes.

Contact name and phone number: _____

Contact name and phone number: _____

Contact name and phone number: _____

Contact name and phone number: _____

Days picked up: Monday Tuesday Wednesday Thursday Friday

After School Care My student goes to an After School Care Provider or daycare center on the days marked below:

My student rides FROM SCHOOL (PM) to the After School Care Provider on bus _____

After School Provider Name/Address: _____

Telephone # to After School Care Provider: _____

Days riding bus to after school care: Monday Tuesday Wednesday Thursday Friday

Village Kids Program

My student goes to Village Kids on the days marked below:

Days going to Village Kids: Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Signature

By signing this form, the school will follow the schedule you have set up for your child. If you have a last minute change or permanent changes, please make sure to inform the office immediately. If you do not inform us of changes we will follow the schedule you have set up.

Parent Signature

Date