## **After School Bussing Sign-Up**

Return to Clara Olson(clara.olson@spps.org) or the main office.

Student First Name:	Student Last Name:
Student Lunch#:	Grade:
Parent/Guardian:	Phone:
My student is participating in:	
Theatre(Design team/Acting)	Archery
Busing Schedule & Expectations:	
The bus is scheduled to pick the students up at	t school at 4:00 p.m.
<ul> <li>Bus routes may take 30 – 45 minutes to drop off all students.</li> </ul>	
Routes will be given to students on the program	n start date.
We expect all parents/guardians who pick up the second control of the second control	neir children, to pick them up by 4:00 p.m.
•	address changes throughout the school year. In event of a le please call transportation personnel at 651.696.9600.
<ul> <li>After school programs follow District policies ar which can be found online at http://www.spps.o</li> </ul>	nd procedures according to the <i>Student Behavior Handboo</i> org/Page/3249
TRANSPORTATION FROM ACTIVITIES TO HOM	ΛΕ:
Drop off at stop nearest home address	
Drop off at alternate address listed below	
Alternative Address:	
Alternative Address Contact Info:	
Contact Person:	Contact Phone Number:
My signature below signifies that I understand the statements above and give my child permission to participate and take the after school bus home.	

Date:

Signature: