PUTNAM PUBLIC SCHOOLS Bus Transportation Form

Thomas Reali, Transportation Director 860-963-6925, Ext 2030

Please check one: □	PES □ PMS	□ PHS	Grade:
Student's Full Name:			
Home Address:			
Parent(s)/Guardian(s) For	ull Name:		
Parent(s)/Guardian(s) P	hone:		
	actors, exact pick e at their schedule	d bus stop at	off times can fluctuate daily, therefore least 8 minutes prior to their pick up time
students will not be le	ft at a bus stop unle	ess they are n	ol, kindergarten, Grade 1 and Grade 2 net by an adult. If an adult is not present, k to the school office for a parent to pick
•	sportation Office at	•	nsportation changes must be submitted four (24) hours in advance. <i>Telephone</i>
Please check one:			
 ☐ My child will be a Wa ☐ My child will be Paren ☐ My child will be picke ☐ My child will be picke Name of Daycare Address: 	nt Drop Off ed up at designated l ed up at daycare: Provider:		ned by the transportation department)
PM			
☐ My child will be drop Name of Daycard Address:	nt Pick Up ped off at designated ped off at daycare: e Provider:		signed by the transportation department)
PES-vellow PK-pink Pf			

Date: 08 10 18