

**Summer Adventure**  
**Student Transportation Information Form**

Name of child: \_\_\_\_\_

Summer Grade Level: \_\_\_\_\_

Homeroom Teacher (AM Teacher) : \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

**Student's Primary Method of Afternoon Transportation**

Please circle and complete one of the below choices:

Car rider---Name of parent/guardian picking child up: \_\_\_\_\_

Walker

Bus rider---Bus Number \_\_\_\_\_

Kids Zone

La Petite

Creative World

Day Care Other: \_\_\_\_\_