



**2019-2020 Tell City-Troy Township Bus Form**

Dear \_\_\_\_\_ (Teacher),

I have read the revised routes for the Tell City-Troy Township School Corporation for the **2019-2020** school year and want to inform you that my child:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Morning (AM)** - will ride bus # **1 2 3 4 5 6 9A 9B 10A 10B 14 15 17** (circle one) in the morning to school from the bus stop closest to this address:

which is the bus stop at \_\_\_\_\_ &  
\_\_\_\_\_ Streets.

**Afternoon (PM)** - will ride bus # **1 2 3 4 5 6 9A 9B 10A 10B 14A 14B 15 16 17**(circle one) to the bus stop closest to this address:

which is the bus stop at \_\_\_\_\_ &  
\_\_\_\_\_ Streets.

Is this **PM** address **HOME BABYSITTER OTHER:** \_\_\_\_\_  
**(circle one)**

I understand that I am to contact the bus driver for approximate pick-up and drop-off times, which are subject to change.

Signed,  
\_\_\_\_\_  
\_\_\_\_\_  
Parent/Guardian  
Date

Questions about routes? Contact Central Office at 547-3300.

**SEND THIS FORM WITH YOUR CHILD/CHILDREN THE FIRST DAY OF SCHOOL. ONE SHEET PER CHILD. FORMS AVAILABLE ON SCHOOL WEBSITE AND IN THE SCHOOL OFFICE. THANK YOU!!!!**