



2017-2018
Tell City-Troy Township Bus Form

Dear _____ ,
(Teacher)

I have read the revised routes for the Tell City-Troy Township School Corporation for the **2017-18** 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 16** (circle one) in the morning to school from the bus stop closest to this address:

which is the bus stop at _____ & _____ Streets.

and

Afternoon (PM) - will ride bus # **1 2 3 4 5 6 9A 9B 10A 10B 12 14 15 16** (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 Kris Hammack 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!!!!