



Tell City-Troy Township School Corp.
Bus Form
School Year: 2018-2019

Dear _____,
 (Teacher)

I have read the revised routes for the Tell City-Troy Township School Corporation for the 2018-2019 school year and want to inform you that my child:

Student Name: _____ Grade: _____ Teacher: _____

MORNING ROUTE (AM):

Will Ride Bus # 1 2 3 4 5 6 9A 9B 10A 10B 11 14 17 (Circle One)

to school from the bus stop closest to this address: _____

which is the bus stop at _____ & _____ Streets.

AFTERNOON ROUTE (PM):

Will Ride Bus # 1 2 3 4 5 6 9A 9B 10A 10B 11 12 14 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 the routes? Please contact Central Office at 547-3300.

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