

First/Last Name *(Please Print)*

Grade _____ Teacher _____

Please complete the address/phone form below as to where your child will be coming from to school and where your child will be going to after school.

	Home Address	Phone #	Day Care Address	Phone#
To school				
After school				

Please check appropriate box below your method of transportation (and bus number if applicable) for your child before and after school.

	Maple Grove Bus #	Osseo Bus #	Champlin Bus #	DayCare Van	Car
To School (AM)					
After School (PM)					

Bus stop (corners) _____