

**AVISTON ELEMENTARY  
BUS INFORMATION**

**Please list all Pre-K, Elementary &/or High School Students**

**Student's Home Address:** \_\_\_\_\_

**\*\*Please note that each child will get ONE (1) pick up & drop off location. Due to the limited capacity on the buses, we can only have 1 pick-up location and 1 drop off location. For example, we cannot have a student picked up at home on Monday, Wednesday, & Friday and at a daycare on Tuesday & Thursday and vice versa for drop offs.**

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

Will this student be riding the bus? \_\_\_\_\_ Yes \_\_\_\_\_ No

Pick Up Location: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

Will your child attend the PSR Program? (1<sup>st</sup> – 8<sup>th</sup> only) \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Will this student be riding the bus? \_\_\_\_\_ Yes \_\_\_\_\_ No

Pick Up Location: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

Will your child attend the PSR Program? (1<sup>st</sup> – 8<sup>th</sup> only) \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Will this student be riding the bus? \_\_\_\_\_ Yes \_\_\_\_\_ No

Pick Up Location: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

Will your child attend the PSR Program? (1<sup>st</sup> – 8<sup>th</sup> only) \_\_\_\_\_ Yes \_\_\_\_\_ No