



LAWRENCE SCHOOL

2011 – 2012 STUDENT TRANSPORTATION INFORMATION

Name of Student _____

My child will be transported by the following form of transportation:

_____ **Parent/Guardian**

_____ **Transportation Service** (please provide name & phone number of service)

_____ **School District** (please provide name of district)

_____ **Carpool** (please list other parents/guardian involved)
(please list other students included in your carpool)

Parent/Guardians

Students

Parent/Guardian Signature

Date

If for any reason this information changes, please contact the Main Office by telephone or written correspondence.
Thank you.