

Transportation Questionnaire

Name _____ Date _____

School _____ Grade _____

Current Address: _____

Phone number: _____

Please circle all that apply:

1. Do you ride a morning school bus? Yes No
2. Do you ride an afternoon school bus? Yes No
3. If you do not ride a morning school bus, is there a possibility you might ride at least one morning this school year? Yes No
4. If you do not ride an afternoon school bus, is there a possibility you might ride at least one afternoon this school year? Yes No

For Office Use Only

— Please check

1. less than 1.5 miles from school

2. more than 1.5 miles from school