

TRANSPORTATION REQUEST FORM
Return this transportation form with application

Dear Parent or Guardian,

In the spaces below please indicate the pick up and drop off sites for a.m. and p.m. for your child.

A.M. pick up Location include bus #

Please circle A.M. drop off site: Castleton Elementary or Maple Hill Middle School

P.M. drop off Location include bus #

Parent or Guardian Name _____

Camper's home address _____

Camper's home phone number _____

Please include an emergency number where you can be reached. _____

Please list any persons responsible for picking up your child and their phone number.

_____ **phone #** _____

_____ **phone #** _____

_____ **phone #** _____

_____ **phone #** _____

CAMPER'S NAME: _____

PLEASE CIRCLE CAMP SITE

CES (grades K and 1)

MHMS (grades 4 and 5)

CES (grades 2 and 3)

MHMS (grades 6 – 8)