<u>Garden School Inc.</u> <u>Bus Transportation – Sign Up</u>

Student's Name:	
Grade:	
 □ Round Trip □ One Way – Morning Only □ One Way – Afternoon Only 	
Parent or Guardian's Name: Emergency Contact Name: Telephone:	
Contact Telephone # (Home)(Cell)	
Pick-up Address: Drop-off Address:	
Billing Address:	
Please note: Garden School will be run Students who choose to avail themselve additional \$25 each time it is used. Ple days you wish your child to be on the "	es of this service will be billed an ease advise the Business Office on the
Parent Signature:	Date: