

70 Highland Avenue Middletown, NY 10940 Phone: (845) 343-3775

Fax: (845) 343-6633

TRANSPORTATION & AFTER SCHOOL INFORMATION

Student's Name	Grade	
Please indicate your child's at one of the following:	fter school transport	ation arrangements by checking
My child is to wait at s	school until his/her r	ide arrives.
My child will ride the School District	School Bus daily.	
My child may walk/rid	le a bicycle after disi	missal.
through Thursday and 1:30pn student is in the After School supervision of the After Sch building will be charged \$5. Minutes the charge will be \$ Further, I understand that if the notify the teacher.	n on Friday and early Program. All studer ool Program and r 00 from 16 Minute 610 per ½ hour, per ne arrangements I ha	nts who are not under the emain in or around the s to 45 Minutes. After 45 student. ve noted above change, I will
Please list any other authorize	ed individuals to picl	k up your child:
Name	Relationship	Phone Number
l		
2		
Parent's Signature		Date