

Calvary Christian School

(215) 736-2391



Student Name: _____ Grade for 06-07: _____

This form is used to request bus transportation and/or Before & After Care

**BUS TRANSPORTATION REQUEST and/or
BEFORE and AFTER SCHOOL CARE REQUEST**

BUS TRANSPORTATION

School District: _____

Address (street, city, zip): _____ Phone: _____

Bus Transportation is requested for:

AM ONLY _____ PM ONLY _____ BOTH AM/PM _____

The transportation departments will transport for school hours only (9-3:30). Requests must be submitted to the office at Calvary no later than May 5 in order to be arranged in time for the fall schedule.

BEFORE AND AFTER SCHOOL CARE

Before/After School Care is provided through Calvary Child Care Center and is subject to separate tuition fees and policies.

Before/After School Care is requested for:

AM CARE ONLY (before 8:30 AM) _____

PM CARE ONLY (after 3:30 PM) _____

BOTH AM/PM CARE _____

OR

OR