

**SAINT JAMES SCHOOL
BASKING RIDGE, NEW JERSEY 07920**

2011-2012 SCHOOL TRANSPORTATION INFORMATION FORM

NAME OF STUDENT: _____ GRADE: _____

NAME OF STUDENT: _____ GRADE: _____

NAME OF STUDENT: _____ GRADE: _____

NAME OF STUDENT: _____ GRADE: _____

NAME OF STUDENT: _____ GRADE: _____

The above student/students are transported *to* and *from* Saint James School by the following: (please check one in each column)

If students are transported via “Bus”, please send in this form AFTER you receive your bus pass. Bus passes will be mailed out from Somerset County Education Services Commission after August 15th.

TO SCHOOL (A.M.)

FROM SCHOOL (P.M.)

1. Car _____

1. Car _____

2. Walker _____

2. Walker _____ (S. Finley Avenue)

3. Walker _____ (Collyer Lane)

3. Biker _____

5. Biker _____

4. Bus _____*

6. Bus _____*

7. St. James School Aftercare _____

*Name of Bus Company: _____

*Bus Route No.: _____ (Route number can be found on bus pass, i.e. SJ01)

IF THE ABOVE INFORMATION CHANGES AT ANY TIME DURING THE SCHOOL YEAR, PLEASE ADVISE THE SCHOOL IMMEDIATELY IN WRITING.