

Academy of Dover Charter School
104 Saulsbury Road
Dover, DE 19904

Phone 302-674-0684
Fax 302-674-3894

Request for Transportation

Do not send your child on the bus until conformation has been sent home by the Transportation Office. If you have any questions please contact the Transportation Office Ext. 116.

*****If you have a change of address, please contact the Main Office.***

****All bus confirmations may take 24 to 48 hours.***

Date _____

Requested Start Date _____

Student Name: _____

Parents Names(s): _____

Telephone Numbers:

Home _____ Cell _____ Work _____

Grade _____ Room # _____ Teacher _____

If your child (ren) will be a car-rider please initial here and complete the section below _____

Persons Authorized to Pick-up Student from bus stop and school

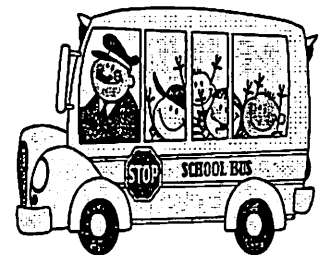
~Please do not put parent's/ guardian's information in this area.

Name: _____

Name: _____

Name: _____

Name: _____



If your child (ren) will be a bus riders please complete the section below:

A.M. Pick Up address _____

Landmark _____

P.M. Drop Off address _____

Landmark _____

School District in which you currently live _____

Official Use Only

Approved by _____ Date Transportation will begin _____

Bus # (AM) _____ Bus # (PM) _____