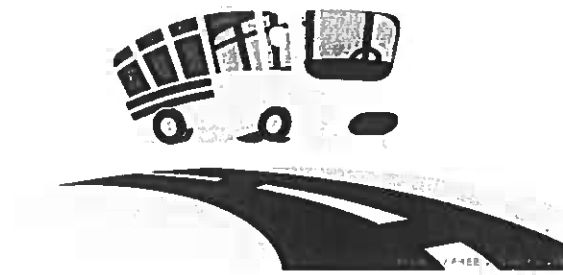


LEXINGTON LOCAL SCHOOLS BUSING



INFORMATION SHEET

PARENT PLEASE SELECT
(Circle one)

BUS TRANSPORT

SELF TRANSPORT

STUDENT NAME: _____

PARENT'S NAME: _____

PARENT'S PHONE #: _____

PARENT'S NAME: _____

PARENT'S PHONE #: _____

ADDRESS OF STUDENT: _____

GRADE FOR SCHOOL YEAR: _____

OFFICE USE

Bus #: _____ Pick up time: _____ Drop off time: _____