

BATA TRANSPORTATION FORM

Please complete this form if your child will be utilizing the BATA bus for transportation to and/or from preschool.

Child's Name: _____

Parent's Names: _____

Please check the days and times your child will be riding the BATA bus below:

Monday _____ to preschool _____ from preschool

Tuesday _____ to preschool _____ from preschool

Wednesday _____ to preschool _____ from preschool

Thursday _____ to preschool _____ from preschool

Friday _____ to preschool _____ from preschool

If this schedule changes, you need to notify your child's teacher. Thank you for your cooperation!

Parent Signature: _____