

FENWICK



Bus Transportation Application Form 2019-2020

Student Name _____
First Middle Last

Parent Name: _____

Address: _____
Street City/State Zip

Preferred Phone #: _____ Household e-mail address: _____

Families with more than one student riding the bus:

Name: _____ Grade: _____

Name: _____ Grade: _____

Student (s) will be boarding the bus at: _____

Choose one of the Route options:

Route #1 _____ Route #2 _____ Route #3 _____ Route #4 _____ Route #5 _____

Pickup/Drop Off Location on Route: _____

Choose an option: AM _____ PM _____ BOTH _____

Be advised that all Routes will be offered based on the interest expressed by the number of students.

Please return this form by **June 30, 2019** to the Finance office via email at taw@fenwick.org or mail form to Bishop Fenwick High School, 99 Margin St, Peabody, MA 01960

