



Attention Parents/Guardians of ASCS Students,

Attached to this letter is the 2017/2018 school year bus rider information form. This form must be completely filled out and returned back to the Plymouth-Canton transportation department, by Monday 7/17/2017, if you are requesting transportation for your student(s). It is imperative that all forms are return on or before the deadline so that precise routing can be completed and correct information can be generated for Parents. Any late forms may result in transportation not being available until after the school year has started.

You must reside within the Plymouth-Canton transportation boundary in order to be eligible for busing. Students are eligible for transportation in the AM (to school), the PM (from school) or both.

If you have any questions please feel free to contact the transportation department in any of the following ways.

- By Phone:
 1. Dispatch 734-416-3032
 2. Dispatch 734-416-3033
 3. Regular Education Router – 734-416-3040
- By E-Mail
 1. Michael.Laubernds@pccsk12.com

**All Saints Catholic School
BUS RIDER INFORMATION**

If you live in the Plymouth/Canton Community School district boundary and would like your student(s) to ride the P-CCS school bus to and/or from ASCS, you **MUST complete this form and return it to the P-CCS transportation office.** Please MAIL, FAX or EMAIL this form to P-CCS Transportation Department, (Address - 1024 S. Mill, Plymouth, MI, 48170), (Fax # 734-416-3018) or (Email - Michael.Laubernds@pccsk12.com)

Please complete a separate form for each student in your household. Please note that this form can be filled out electronically or manually and scanned/faxed in.

NOTE - THIS FORM MUST BE COMPLETED AND RETURNED TO THE TRANSPORTATION DEPARTMENTS NO LATER THAN FRIDAY, JULY 17TH 2017.

Grade (2017/18 – Grade they are going into) _____

Student Last Name _____ Student First Name _____

▶ Transportation every day, both AM and PM: _____ (Yes, only AM or only PM)

▶ Transportation selected days AM (please circle days): M T W TH F

▶ Transportation selected days PM (please circle days): M T W TH F

Address _____

City _____ State _____ Zip _____

Phone Number _____

Mother's Name _____

Father's Name _____

Emergency Contact Information:

Name _____

Phone _____

Name _____

Phone _____

FOR OFFICE USE ONLY:

AM:

Bus # _____ Pick up location: _____

Bus # _____ Shuttle to ASCS

PM:

Bus # _____ Drop off location: _____

Bus # _____ Shuttle to ASCS