

CARLISLE LOCAL SCHOOLS (1st – 6th) INFORMATION (+TRANSPORTATION)

Student's Name _____

My child is in 1st 2nd 3rd 4th 5th 6th Grade (please circle grade level)

Parent email address _____
(Needed to facilitate communication)

Best phone number to reach a parent _____
(please include area code)

My child has access to a device at home for school work in the case of remote learning
Yes or No (please circle)

My child has internet access at home (for school work in the case of remote learning)
Yes or No (please circle)

The bus should pick my child up daily at _____
(address – leave blank if bus transportation is not needed)

The bus should drop my child off (after school) daily at _____
(address – leave blank if bus transportation is not needed)

My child will be picked up from school daily by _____
_____ (may include up to three names) – Leave blank if bus rider

** Due to state and local guidelines on social distancing, end of day transportation changes will be extremely limited