

**ARCADIA PUBLIC SCHOOL
TRANSPORTATION INFORMATION
PALS PROGRAM**

Student's Name _____

Parent(s)/Guardian(s) Name _____

Requires Transportation: Yes No

Address _____
(House or Lot Number) (Street Name) (Fire Number)

Home Phone # _____ Work Phone # _____

Where will your child be picked up and dropped off if different from home address.

Daycare Provider's Name _____

Daycare Address _____
(House or Lot Number) (Street Name) (Fire Number)

Daycare Provider's Phone # _____

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