

Shuttle Bus Form

Name _____ Grade _____ Date _____

Address _____ Telephone No. _____

Please check mark if you will need to ride a CF bus :

Riding from **Bellville Elementary** to Middle School/High School. **AM** _____

Riding from Middle School/High School to **Bellville Elementary** **PM** _____

Riding from **Butler Elementary** to Middle School/High School **AM** _____

Riding from Middle School/High School to **Butler Elementary** **PM** _____

Clear Fork Transportation Contact # 419-886-3491

(For Office Use Only): Assigned to Bus # _____

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