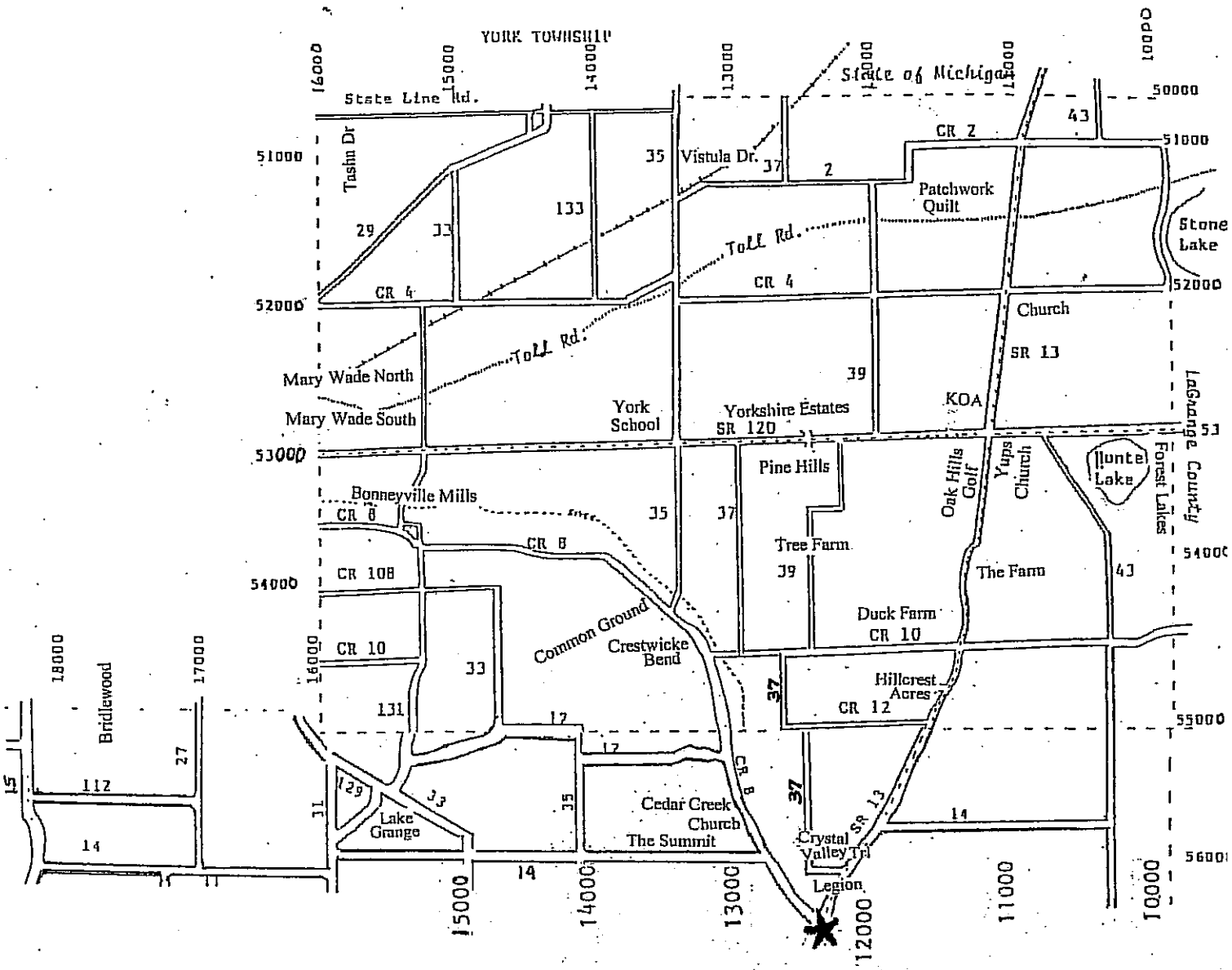
YORK SCHOOL



ALTERNATE BUS REQUEST

A.M. Alt. Address: _____

Name of Sitter: _____

Phone: _____ **A.M. Bus** _____

P.M. Alt. Address: _____

Name of Sitter: _____

Phone: _____ **P.M. Bus** _____

Student Name: _____

Parents: _____

Home Address: _____

Subdivision: _____

Phone: _____

A. M. Bus _____ **P.M. Bus** _____