

**CAMDEN COUNTY SCHOOLS  
STUDENT BUS INFORMATION**

STUDENT NAME \_\_\_\_\_

**BUS STOP INFORMATION:**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
**Camden** Home Street Address

\_\_\_\_\_  
City and Zip Code

**1. Morning Bus Stop:**

\_\_\_\_\_ To be picked up at home

\_\_\_\_\_ To be picked up at another location ( \_\_\_\_\_ )

\_\_\_\_\_ WILL NOT ride the bus in the morning

**2. Afternoon Bus Stop:**

\_\_\_\_\_ To be dropped off at home

\_\_\_\_\_ To be dropped off at another location ( \_\_\_\_\_ )

\_\_\_\_\_ WILL NOT ride the bus in the afternoon

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Office Use Only**

AM Bus Number \_\_\_\_\_

Approximate pick-up time: \_\_\_\_\_

PM Bus Number \_\_\_\_\_

Approximate drop-off time: \_\_\_\_\_