



HUDSON CITY SCHOOL DISTRICT

Mail completed form to:
Hudson City School District
Transportation Department
215 Harry Howard Avenue
Hudson, New York 12534

Dear Parent or Guardian:

Please provide the following information regarding how your student gets to and from school each day. We value your feedback, and the information that you supply will help direct the future course of transportation in the Hudson City School District. We appreciate your participation!

Parent/Guardian Name: _____

Your Child's Name: _____

Grade: _____

Address: _____

Where you reside

Does your student get driven, drive or walk to school each day? Yes ___ No ___

Does your student ride the bus to and from school each day? Yes ___ No ___

Bus Route: _____

Bus Stop: _____

Does your student come from or go to a babysitter? Yes ___ No ___

Bus Route: _____

Bus Stop: _____

Name & address of babysitter:

Name: _____

Address: _____

AM ___ PM ___ Everyday ___ Please list days if not every day: _____

Does your student attend the Afterschool Program? Yes ___ No ___

Does your student take the bus home from the Afterschool Program? Yes ___ No ___