

**Hallsboro/Artesia Elementary School
1337 Giles Byrd Road
Hallsboro, NC 28442**

After School Care Transportation Form

Student Name _____

Bus # _____

Teacher _____

Grade _____

After School Care Facility to be transported to:

As parents of the above listed child, I would like for my child to be transported by Hallsboro/Artesia Elementary School to the after school care facility listed above.

This will be effective for the 2009-2010 school year and we will transport each afternoon unless otherwise notified.

Parent's Signature

Date