

LOWELL PUBLIC SCHOOLS
Family Resource Center
43 Highland Street
Lowell, MA 01852

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Family Resource Center Coordinator

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SUMMER SCHOOL
TRANSPORTATION FORM
Stoklosa 21st CCLC Program 2011

Date: _____

Student ID #: _____

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

HOME Address: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian _____

Emergency Contact Person _____

Emergency Phone _____

Pick up location (morning): _____

Name of responsible adult: _____ Phone: _____

Drop off location (afternoon): _____

Name of responsible adult: _____ Phone: _____

Parent/Guardian Signature _____

TRANSPORTATION FORMS MUST BE UPDATED BY JUNE 15th 2011– NO EXCEPTIONS.