

**MANCHESTER RESIDENTS TRANSPORTATION INFORMATION FORM 2024-2025**

The Transportation Department of the Manchester Board of Education has requested that East Catholic High School provide the following information for all students who reside in Manchester with their choice of transportation to and from school in the 2024-2025 school year. **Please complete the form even if your child does not take the bus.**

Name of Student \_\_\_\_\_  
Last Name First Name

Year of Graduation \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Transportation Options: check all that apply

To School [ ] Bus [ ] Car [ ] Walk

From School [ ] Bus [ ] Car [ ] Walk

Please complete and return to school by June 28, 2024.

## CHENEY TRANSPORTATION INFORMATION FORM 2024-2025

Please complete this form if you plan to contact your local school district for transportation on the bus to Howell Cheney Technical School. This information is needed for our own records.

Name of Student \_\_\_\_\_  
Last Name First Name

Year of Graduation \_\_\_\_\_

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

City/Town \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_

Email Address \_\_\_\_\_

I give my child \_\_\_\_\_ permission for dismissal at 11:30 a.m. whenever Howell Cheney Technical School has an 11:45 a.m. dismissal at any time during the 2024-2025 school year. I understand that my child will be missing class time when this occurs. I also understand that it is my child's responsibility to make up any tests, class work, or assignments that may be missed as a result of this early dismissal.

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

\_\_\_\_\_  
Date

Please complete and return to school by June 28, 2024.

## CAR POOL TRANSPORTATION INFORMATION FORM 2024-2025

Please complete this form if you wish to be included on the East Catholic car pool list. *Completion of this form authorizes East Catholic to share the information provided on the East Catholic portal.*

Name of Student \_\_\_\_\_  
Last Name First Name

Year of Graduation \_\_\_\_\_

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

Street Address \_\_\_\_\_

City/Town/Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

I give East Catholic my permission to include the above information on a car pool list. I understand that it is my responsibility to make any arrangements to car pool with other parents or guardians.

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

\_\_\_\_\_  
Date

Please complete and return to school by June 28, 2024.