

Sandra D'Avilar, Principal  
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Teunis G. Bergen School

**Request for NYC DOE Bus or Metrocard**

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Brooklyn, NY \_\_\_\_\_

Parent's telephone number \_\_\_\_\_

Cross Streets \_\_\_\_\_

**BUS INFORMATION**

(To be filled out by office)

AM Bus Route# \_\_\_\_\_ AM Pick up Time \_\_\_\_\_ Stop # \_\_\_\_\_

Am Bus company \_\_\_\_\_ # \_\_\_\_\_

PM Bus Route# \_\_\_\_\_ PM Drop off time \_\_\_\_\_ Stop# \_\_\_\_\_

PM Bus Company \_\_\_\_\_ # \_\_\_\_\_