



CAMPUS COMMUNITY SCHOOL STEAM Summer Camps

350 Pear Street
Dover DE, 19904
(302) 736-0403
(302) 736-5330 fax



Transportation Request Form 2017 STEAM Summer Program

Do you currently use CCS school transportation?

 Yes No

If yes, what is your Bus # _____

What/Where is your bus stop: _____

If you require transportation, this form must be returned with your registration. (No later than 5/30/17)

Which week(s) of the summer program will your child need transportation?

Student's Last Name	First Name	Grade 2016-17

Parent's Last Name	Parent's First Name	Home /cell #	Work #

YOUR CHILD MAY BE REQUIRED TO WALK TO A BUS STOP NEAR YOU.

Street Address _____
City & Zip Code _____
Development _____

What is the nearest primary road to your home? _____

What is the nearest intersection to your home? _____

Do you live within the 1 or 2 mile radius of the school? _____

What is the closest landmark? _____

What district do you live in? (i.e., Capital, CR, Smyrna, etc.) _____

***Note: Transportation is only provided within the Capital school district.**