

Chatham Central School District
Chatham, NY 12037
518-392-1501

June 4, 2009

Dear Parents/Guardians,

Beginning with the first day of school, the new one-bell system will require that all students eligible for district busing be transported together following one bus schedule. Attached is a Q & A document that addresses many questions regarding the implementation plan. Although not finalized, the plan is being developed by district staff and parents. Another Q & A will be presented in August.

Please complete the form below, listing all children in your household who you anticipate will be riding the school bus, and return it to your child's school building main office no later than June 15, 2009. The District will develop preliminary bus routes by the end of the school year based on the information provided. During the summer, a final opportunity will be available for parents to update the information.

The One-bell Parent Task Force and our School District staff members are working hard to make this transition smooth and safe for our students. Thank you for your patience as we implement these new procedures.

Sincerely,

Lee A. Bordick
Interim Superintendent

The District will activate the Family First Phone Alert System at 1:00 p.m. on June 11th as a reminder to submit your form, and as a test of the Alert System. If you do not receive a phone call from the Family First System, please let your child's school building office know so we can verify your contact numbers.

✂----- Return Completed Form By June 15th -----

Student's Name _____	Grade (in 2009-2010): _____
_____	Grade (in 2009-2010): _____
_____	Grade (in 2009-2010): _____
_____	Grade (in 2009-2010): _____

If additional space is needed, please use back of form

Parent/Guardian's Name & Address (with whom child lives and where child will be picked up/dropped off):

Name: _____
Street Address _____ City _____ State _____ Zip _____
Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Pick-up/Drop-off Location (if different from child's above address)

Name: _____
Street Address _____ City _____ State _____ Zip _____

RETURN TO YOUR CHILD'S MAIN OFFICE BY JUNE 15TH