

Student "Bring Back" Report

**Please fill out this form for each student, each time they have been "returned" from their P.M. bus route & follow instructions below*

Preschool & Kindergarten

- @ Morris Ave ECLC & Trinity Satellite (SAT): to be returned to **Morris Ave ECLC, 318 Morris Ave**
- @ Joseph M. Ferraina ECLC: to be returned to **Joseph M. Ferraina ECLC, 90 Avenel Blvd**
- @ Lenna W. Conrow ECLC: to be returned to **Lenna W. Conrow ECLC, 335 Long Branch Ave**

Elementary (1st & 2nd grade only)

- @ Amerigo A. Anastasia School: to be returned to **Gregory School, 201 Monmouth Ave**
- @ George L. Catrambone School: to be returned to **Gregory School, 201 Monmouth Ave**
- @ Gregory School: to be returned to **Gregory School, 201 Monmouth Ave**

Name of Student: _____ Bus Route: _____

(exactly as it reads in Genesis/on route)

_____/_____/_____
Date

_____:_____
Arrival Time (as a bring-back)

Genesis Info

Parent/Guardian Name: _____

Phone Number: (____) _____ - _____

Parent/Guardian Name: _____

Phone Number: (____) _____ - _____

Name of LB employee who received student

Phone Ext

(____) _____ - _____
Phone Number

Name of Parent/Guardian picking up child

_____:_____
Arrival Time of Parent/Guardian P.M.

Signature of Parent/Guardian picking up child

For Administrative Use Only

1. Whoever receives child, fill out the section below & then follow steps 2 & 3 (& then make a copy of form)
2. File original form by SCHOOL and then by ABC order for the most accurate results
3. Each Monday scan the previous weeks bring back reports (copies) to Transportation & they will send to schools

of times student has been returned: ___1___ ___2___ ___3___ ___4___ ___5___ ___6+ times
(please check off)

previous dates of returns: _____/_____/_____, _____/_____/_____, _____/_____/_____,
 _____/_____/_____, _____/_____/_____, _____/_____/_____

Date sent to Transportation: ____/____/____ Sent by (initial): _____ (previous weeks bring-backs must be sent to Transp Dept every Monday)
 Date rec'd in Transportation: ____/____/____ Rec'd by (initial): _____ (upon receipt of forms, Transp Dept must email them to each schools office ASAP)
 Date rec'd in School: ____/____/____ Rec'd by (initial): _____ (upon receipt of forms, hand-deliver to Vice Principal (Elem) or Prinicipal (PK/K) ASAP)
 Date VP/Principal reached out to parent: ____/____/____ Outcome: _____