

# TRANSPORTATION FORM 2022-2023

**\*NO BUS PASSES WILL BE ALLOWED\***

Student Name (last, first): \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

Parent/Guardians:

Home Phone

Cell Phone

Work Phone

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature

Parent Email Address

**ALL BELOW INFORMATION MUST BE FILLED OUT**

**ALL CHANGES REQUIRE 48 HOURS NOTICE**

AM TRANSPORTATION	PM TRANSPORTATION
<p>____ Pick up Address: _____ ____ Car #: _____ ____ Walk from address: _____ ____ Before School Program ____ Self-Drive</p> <p><b><u>Check Days That Apply</u></b></p> <p>____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday</p>	<p>____ Drop off Address: _____ ____ Car #: _____ ____ Walk to address: _____ ____ After School Program ____ Self-Drive</p> <p><b><u>Check Days That Apply</u></b></p> <p>____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday</p>
<p><b>In Case of an Emergency Unplanned Dismissal the student will:</b></p>	<p>____ Drop off Address: _____ ____ Car #: _____ ____ Walk to address: _____ ____ Self-Drive</p>

Name of person who will be picking up student: \_\_\_\_\_

**\*Transportation Office Use Only Below this Line\***

AM:Bus# \_\_\_\_\_ PM:Bus # \_\_\_\_\_ Date Entered: \_\_\_\_\_ Effective Date: \_\_\_\_\_

AM Stop Address: \_\_\_\_\_

PM Stop Address: \_\_\_\_\_