|  |  |  |  |
| --- | --- | --- | --- |
| IXCEED  Elementary Alternative Education Program  Transportation Information | | | |
| Today’s Date: | Sending Campus: | | Contact Person: |
|  | | | |
| Name of Student: | I.D. #: | | Grade: |
| Dates of Suspension: | | Length of Placement: | |
| AEP Start Date: | | AEP Last Day Date: | |
|  | | | |
| Guardian Name: | Guardian Phone Number #1: | | Guardian Phone Number #2: |
| Guardian Address: | | | |
| Send this form by email to Sepharine Bugayong  [sepharine.bugayong@ectorcountyisd.org](mailto:sepharine.bugayong@ectorcountyisd.org) | | | |

|  |  |
| --- | --- |
| Transportation Use Only | |
| Pick up bus: | Pick up time: |
| Pick up location: | |
|  | |
| Drop of bus: | Drop off time: |
| Drop location: | |
| Comments:   * Must be ready 15 minutes prior to load time. * Times are subject to change due to adding & dropping students daily. (Driver will notify student of any time change). * If Student does not ride for three consecutive days and no communication has been made student will be dropped from route. | |