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| IXCEED Elementary Alternative Education ProgramTransportation 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 Bugayongsepharine.bugayong@ectorcountyisd.org |

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| 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.
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