2020-2021 Satellite Programs Transportation Form

- Transportation is only provided during periods 1-7.
- This form is for the 2020-2021 school year only and does not guarantee a bus ride.

PART A

Student Name: _______________________________ Pupil #: ____________________

Parent/Guardian Name: ________________________ Date of Request: ______________

Address: ___________________________________ Phone #: ____________________

School Student is Registered @ for 2020-2021 School Year: ______________________

☐ Student will be using district transportation for Satellite Programs (continue with Part B)
  Parent/guardian signature (required) ____________________________________________

☐ Student will not be using district transportation for Satellite Programs
  Parent/guardian signature (required) ____________________________________________

PART B

Title of Satellite Program: ______________________________________________________

Satellite Program Location/Site: _________________________________________________

Period (please circle): 1-2  1-3  5-7  Other: ______________
Transportation is not provided for classes less than 2 class periods in length.

Special Equipment Required: ___________________________________________________

(PARENT SIGNATURE IS REQUIRED TO BE CONSIDERED)