



DISTRICT PROVIDED TRANSPORTATION 2020-2021

(For students who live 1.5 miles or more from school only)

I. 2020-2021 STUDENT BUS INFORMATION (Please Print):

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

PARENT NAME _____ PHONE _____

HOME ADDRESS _____ ZIP _____

II. PICK-UP INFORMATION

PLEASE CIRCLE EITHER "FROM/TO HOME" - OR - "FROM/TO SITTER" BELOW.

(Please Note: The school office must be notified of any change in pick-up information!!!)

(Circle 1)  **From/To HOME**

- or -

 **From/To SITTER** (*Can only be on the school's regular bus route*)

SITTER'S NAME _____ PHONE NO. _____

SITTER'S ADDRESS _____ ZIP _____

Parent Signature _____ Date _____

For Office Use Only School: **GB WB SW**

Code: **HAZ >1.5**

BUS # _____

Date Enrolled _____

Date Dropped _____