



BUS TRANSPORTATION

Student Name: _____

Student Grade: _____

Parent Name: _____

Parent Email: _____

Parent Phone Number: _____

Alternate Emergency Phone Number/Contact:

***** Please provide the addresses for student pickup and drop off.

***** Every effort will be made to cluster stops closest to your address.

Morning Pickup Address: _____

City: _____ Zip: _____

Name of Daycare, if applicable: _____

Daycare Phone Number: _____

Afternoon Drop-off Address: _____

City: _____ Zip: _____

Name of Daycare, if applicable: _____

Daycare Phone Number: _____

I HAVE READ THE BUS POLICY AND AGREE TO THE TERMS AND CONDITIONS OF THE POLICY.

Signature: _____ Date: _____