

**ROCKFORD AREA SCHOOLS  
DISTRICT 883  
TRANSPORTATION DECLINE FORM**

**FORM G**

**Important: Use this form ONLY if you are declining Transportation to and from school.**

Please print and fill out this form completely:

Address <input type="text"/>	City <input type="text"/>	Zip <input type="text"/>
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**List all student who will be declining Transportation.**

Student LAST Name (Legal)	Student FIRST Name (Legal)	Middle Name (Full)	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Please list any additional students on back of form*

**By submitting the Transportation Decline Form, I am taking my student(s) off the bus route list. I understand that I may change my student's transportation status at any time during the year by contacting the Transportation Department at 763-477-6100.**

**Parent/Guardian Signature**

**Parent/Guardian Printed Name**

**Date**