



ONLY COMPLETE FORM IF YOU ARE REQUESTING BUS TRANSPORTATION:

Student's Name: _____ Grade: _____

Parent's Name: _____

Home Phone# _____ Cell # _____ Work # _____

Home Address: _____ City: _____ Zip: _____

Pick-up Information:

Date Effective: _____

Pick Up @ Home: Bus # _____ Time: _____ (Office will Complete)

Pick Up @ Child Care: Bus # _____ Time: _____ (Office will Complete)

Check the appropriate box:

Pick up at Home (See Address above) **OR** Pick up at child care provider **OR** I will bring my child to school

Information of Child Care Provider:

Name: _____

Address: _____

Phone #: _____

Drop off Information:

Date Effective: _____

Drop Off @Home: Bus # _____ (Office will Complete)

Drop Off @ Child Care: Bus # _____ (Office will Complete)
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Check the appropriate box:

Drop Off at Home (See Address above) **OR** Drop Off at child care provider **OR** I will pick my child up at school

Information of Child Care Provider:

Name: _____

Address: _____

Phone#: _____

Note: _____

Date

Parent's Signature