

Spartanburg School District 4 Transportation Form

Student Name: _____ School: _____

Grade: _____ Date: _____

Car Rider: _____ AM _____ PM Walker: _____ AM _____ PM

WHS Students Only

Student Driver: _____ yes _____ no

Busing service is provided to eligible students to/from school.

Student Information

Name _____ Date of Birth _____

Home Phone _____

School _____ Grade _____

Home Address _____

I request bus transportation for my student:

_____ AM _____ PM

AM Pick-up Address

Street _____ City _____

Contact Person _____

Contact Person Phone Number _____

For Office Use Only: Route # _____

PM Drop-off Address

Street _____ City _____

Contact Person _____

Contact Person Phone Number _____

For Office Use Only: Route # _____

Does your child have any healthcare needs that could arise during transportation?

If yes, please explain. _____

The person listed below is given permission to receive my child during my absence.

_____ Phone Number _____ Relationship to the Child _____

Parent/Guardian Signature: _____