



Transportation Department

Dear Parent/Guardian:

In an effort to eliminate problems during the school year, the following information concerning transportation must be obtained by the Transportation Department to assure your child's placement on the bus route. **All arrangements should be kept the entire school year to maintain safe and efficient transportation for your child.**

New Student

Name of School: _____

Address Change

School Address: _____

Parent/Guardian Email: _____

Telephone: _____

Legal Name: _____

Telephone #: _____

Date of Birth: _____

Emergency #: _____

Male:

Female:

Parent/Guardian Names & Address: _____

WILL YOUR CHILD REQUIRE TRANSPORTATION?

TO SCHOOL:

FROM SCHOOL:

GRADE: _____

Disability: _____