

Student Transportation Information 2023-2024

(one): vv	EC – Headstart PreK \	/PK
Students Name:		
Last	Middle	First
		11130
My Child will be a (✓one):		
Bus Rider My child		
A M Pick-up Address:	will ride the bus every day.	
Phone #s at this Address:	and the every day.	
the de triby ladicas.		
Phone #s at this Address		
Person(s) allowed to take chi	ld off bus:	
to take citi	d on bus.	
 Car Pick-up My chil 	d will be a car pick-up each da	
Person(s) allowed to pick up i	my child:	у
, , , , , , , , , , , , , , , , , , , ,		
 My Child's schedule of 	hanges as follows:	
Monday:		
ruesday:		
vveanesday:		
Inursday:		
Friday:		
Mother/Female Guardian Nar	ne	
Phone# (Home)	Cell or Emerg	ency
Father/Male Cuardian Name	Phone	
Phono#(Homo)		
Place of Work	Cell or Emergency	
Place of WorkCell or Emergency		
FOR PERMANENT CHANGES	PLEASE COMPLETE A NEW T	RANSPORATION FORM IN THE
FRONT OFFICE.	Y TENED COMMENTER MILE AND I	MAISTONATION FORM IN THE
**Please note that PreK stude	ents will not be allowed off th	e buses unless an adult is present.
		a sases amess an adait is present.
Parent or Guardian signature	Date	
for office staff) Bus	Driver/ Bus	
Contact log Date	Person Contacted	Reason