



# Transportation Form

Information provided on this form will be given to Vision Transportation. They will coordinate busing arrangements with you.

|                                     |                     |                      |             |        |
|-------------------------------------|---------------------|----------------------|-------------|--------|
| Student Last Name:                  | Student First Name: | Middle Name:         | School:     | Grade: |
|                                     |                     |                      |             |        |
| Primary Physical Household Address: |                     | City/State/Zip Code: | Home Phone: |        |
|                                     |                     |                      |             |        |

### Primary Household Parent/Guardian Information:

| Parent/Guardian #1 |                   |     | Parent/Guardian #2 |                   |     |
|--------------------|-------------------|-----|--------------------|-------------------|-----|
| Legal Last Name:   | Legal First Name: | MI: | Legal Last Name:   | Legal First Name: | MI: |
|                    |                   |     |                    |                   |     |
| Cell Phone:        | Work Phone:       |     | Cell Phone:        | Work Phone:       |     |
|                    |                   |     |                    |                   |     |
| Email:             |                   |     | Email:             |                   |     |
|                    |                   |     |                    |                   |     |

### Transportation Information: complete all numbered steps below

|  |  |  |   |  |   |                             |
|--|--|--|---|--|---|-----------------------------|
| <b>1. Reason for form:</b>   | <input type="checkbox"/> New Enrollment*   |  | <input type="checkbox"/> Change of Home Address   |  | <input type="checkbox"/> Change in Daycare/Alternative Location |                             |
|  | *If new enrollment, has child had bus safety training since start of this school year? |  |   |  | <input type="checkbox"/> Yes                                    | <input type="checkbox"/> No |
| <b>2. Transportation start date:</b>   |  |  | <b>End date:</b> (if applicable)  |  |   |                             |
| <b>3. TO SCHOOL: (choose only one)</b>   |  |  | <b>4. FROM SCHOOL: (choose only one)</b>  |  |   |                             |
| <input type="checkbox"/> No AM transportation needed<br><input type="checkbox"/> Child will walk/drive <input type="checkbox"/> Parent/guardian transport<br><input type="checkbox"/> Child is registered for and will come from Kids Club<br><input type="checkbox"/> Pick up from home<br><input type="checkbox"/> Pick up from daycare/alternative location |  |  | <input type="checkbox"/> No PM transportation needed<br><input type="checkbox"/> Child will walk/drive <input type="checkbox"/> Parent/guardian transport<br><input type="checkbox"/> Child is registered for and will go to Kids Club<br><input type="checkbox"/> Drop off at home<br><input type="checkbox"/> Drop off location is daycare/alternative location |  |   |                             |
| <b>5. Daycare/Alternative Location Information:</b>  |  |  |   |  |   |                             |
| Daycare or Contact Name:   |  |  |   |  |   |                             |
| Address:   |  |  |   |  |   |                             |
| Daytime Phone #:   |  |  |   |  |   |                             |

### Emergency Transportation Information: (for ELEMENTARY students only)

|   |   |
|---|---|
| If school needs to close early due to an emergency: | <input type="checkbox"/> My child is to go home as usual.                                     |
|   | <input type="checkbox"/> My child is to go to the daycare/alternative location listed above.  |
|   | <input type="checkbox"/> My child is NOT to go to his/her usual destination. They will go to: |
|   | Name: _____   |
|   | Address: _____  |
|   | Phone: _____  |

|                            |  |                |  |
|----------------------------|--|----------------|--|
| <b>For Office Use Only</b> |  |                |  |
| Bus Stop Location:         |  |                |  |
| Pick Up Time:              |  | Drop Off Time: |  |
| Route Number:              |  |                |  |