

# DOLTON SCHOOL DISTRICT 149

## STUDENT TRANSPORTATION INFORMATION

Please circle your child's school and complete the information below:

**BV CMB CS DKM NBLA CCA STEM SOFA**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Phone #'s: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Work) (Cell)

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Phone #'s: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Work) (Cell)

Morning Transportation: *(circle one)*

Walk

School Bus

Parent Drop-off

Daycare Drop-off

Afternoon Transportation: *(circle one)*

Walk

School Bus

Parent Pick-up

Daycare Pick-up

### Daycare Drop-off's and Pick-up's Information Only:

Daycare Provider's Name: \_\_\_\_\_

Daycare Provider's Address: \_\_\_\_\_

Daycare Provider's Phone Number:( ) \_\_\_\_\_

### Additional siblings/family members that attend the school:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only: \_\_\_\_\_ Original \_\_\_\_\_ Updated on \_\_\_\_/\_\_\_\_/\_\_\_\_