CHELSEA SCHOOL DISTRICT - TRANSPORTATION DEPARTMENT Student Emergency Information 2023-2024 Bus # _____ to Home or Daycare (circle one)

The following information provides necessary data to transport your child(ren) safely on the bus. Our school buildings are not always open to assist us with phone numbers and any other emergency information we may need when children are on the buses. If your child attends daycare, contact (734)433-2274 to make arrangements to complete an Alternate Transportation Form.

Please complete this form and return it to your child's bus driver as soon as possible. Thank you.

Student Name(s) (Last Name, First, M.I.)		Grade	Days ridi	Days riding bus	
Home address: City, Zip			e:		
(Mother's Name)	(Home Phon	e) (Wo	rk Phone)	(cell phone)	
(Father's Name)	(Home Phone)	(Work Phone	e) (cell phone)	_
(Step-Parent's Name) (Home Phor Emergency Contact (in addition to custodial parents		, ,	rk Phone)	(cell phone)	_
		(Hoi	me Phone)	(cell phone)	_
Please list names of persons w above)*:		(Но	,	(cell phone) re to include phone numl	- bers if not listed
What <u>medical concerns</u> does carry an epi-pen in their backpa					oes your child

* If your child is to be picked up by someone other than those indicated above, we must receive a telephone call to the Transportation Department at (734) 433-2274 or receive a written change to this notice.

**Special Note: Due to lack of space on buses and limited personnel, no child is allowed to go home with a friend on a bus. If you need to set up an alternate location for your child, please fill out the "Alternate Transportation Form" and return to our office. This can be found on-line or at the Transportation Department. By signing this, I have received and understand the attached bus rules.