

# Victory Charter School 2023-2024

Transportation Form



New Student	
Returning Student	
Address Chg Only	
Other:	

\*\*\*PLEASE PRINT & COMPLETE IN FULL - (ONLY IF TRANSPORTATION IS NEEDED)\*\*\*

Brown Bus Company / Phone #: 466-4181 / Fax #: 466-2861

Student Last Name:		Student First Name:	
Parent / Guardian Name:			
PHONE #'S:	Home ( )	Work -	Cell ( )
Email Address(es):		Foreign Exchange Student: Y N	

HOME ADDRESS (Must be a street address, not P.O. Box #):	MAILING ADDRESS (If different from Home Address):

PICKUP ADDRESS (if different from Home Address, i.e. Sitter):	DROPOFF ADDRESS (if different from Home Address):	
GRADE: 9 10 11 12 (Circle One)	SEX: M F	BIRTHDATE:
STUDENT HAS AN IEP: YES: NO:	IF YES, IS TRANSPORTATION PART OF IT? YES: NO:	
<b>ADDITIONAL INFORMATION:</b>		

OTHER CONTACT PERSON(S):	EMERGENCY PHONE #'S:	RELATIONSHIP TO STUDENT:

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY:**

BUS #:	REGULAR PICK-UP LOCATION:	PICK-UP TIME:
BUS #:	REGULAR DROP-OFF LOCATION:	DROP-OFF TIME:

SCHOOL NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PARENT NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DRIVER NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ ROUTE LIST UPDATED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

MAP UPDATED (if applicable) BY: \_\_\_\_\_ DATE: \_\_\_\_\_