

Horry County Schools 2019 – 2020
District Office of Transportation
P.O. Box 28005
Conway, SC 29528

MY CHILD WILL BE A CAR RIDER

MY CHILD WILL BE A BUS RIDER

AM _____ PM _____

AM _____ PM _____

THIS FORM MUST BE COMPLETED PRIOR TO RIDING ANY HORRY COUNTY SCHOOL BUS.

BUS CHANGES MUST BE DONE IN WRITING.

PARENTS MUST SUBMIT A WRITTEN AND SIGNED NOTE TO CHANGE YOUR CHILD'S TRANSPORTATION HOME.

STUDENT NAME: _____ SCHOOL: MYRTLE BEACH PRIMARY

DATE OF BIRTH: _____ TEACHER: _____ GRADE: _____

PARENT/GUARDIAN: _____

HOME ADDRESS: _____

APARTMENT COMPLEX/SUBDIVISION: _____

HOME PHONE: _____ FAX: _____

(MOM) CELL PHONE: _____ (MOM) WORK PHONE: _____

(DAD) CELL PHONE: _____ (DAD) WORK PHONE: _____

EMERGENCY CONTACT / PICK UP PERSON NAME & PHONE NUMBER

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

*Please be advised there will be **NO TRANSPORTATION** changes over the phone.*

***ALL** transportation changes must be in writing or you may come into the school.*

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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The Transportation Department would like to thank you for your cooperation in completing this information.
Please contact your local bus office if you have any questions or concerns about this matter.
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FOR OFFICE USE ONLY: Assigned Route: _____ Assigned Driver: _____

AM BUS # _____ STOP: _____

PM BUS # _____ STOP: _____