



EXED Transportation Form

School Year _____

- New School Year
- Change In Address
- New Student
- Other: _____
- Change In School

Student name: _____ Age: _____

Date of Birth: _____ Phone: _____

School the student will attend: _____

Teacher who will be responsible: _____ Grade: _____

Parent's name(s): _____

Student address: _____

IS THE STUDENT TO BE **PICKED UP** AT THE ABOVE ADDRESS? Yes No

If No, what address: _____

IS THE STUDENT TO BE **DROPPED OFF** AT THE ABOVE ADDRESS? Yes No

If No, what address: _____

CONTACT IF PARENT CANNOT BE REACHED **(MUST BE FILLED IN)**

Name: _____ Relationship: _____

Address: _____ Phone: _____

Is special consideration needed? Yes No

Bus with lift: Yes No

Physical/Medical problem(s) if known: _____

List any medication(s) taken at school: _____

Starting date for transportation: _____/_____/_____ A.M./ P.M. (Circle please)

*****ABBREVIATED DAY:** Drop off time: _____ Pick up time: _____

Please send a copy of RELATED SERVICE PAGE along with this form to Lucy Solano at EMAIL: lucy.solano@gulfportschools.org OR FAX: 865-1911

TRANSPORTATION DEPARTMENT

Student assigned to Bus # _____ Driver: _____ Pick up: _____ Drop off: _____