

School City of Mishawaka McKinney-Vento Transportation Form

Student Name: _____ Date of Birth: _____

Home Address: _____ Age: _____

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____

Emergency Drop Off (If no one is home)

Location: _____

Name: _____ Emergency Phone: _____

If other than home address is used for transportation, fill out below:

Pick up student at: Out of District:

Drop off student at: Out of District:

School: _____ Grade: _____ M T W Th F

List clock time for start of school: _____

Dismissal Time: _____

Transportation to begin on: _____ Can the student ride the regular bus: Yes No

If No, list all special considerations:

Position Belt Securement Seat (BESI) Securement Vest Car Seat

Medical or behavioral information the driver should know:

Transportation Signature

Date

(Send one copy to the Bus Driver and to the Parent/Guardian)