



**2024-2025 ANNUAL TRANSPORTATION REGISTRATION FORM**

Student Name: \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_ Building \_\_\_\_\_  
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- Students who attend Emerson, Jefferson, Twin Rivers, and who live within one mile of their school building, and Middle School students who live within one and a half miles are generally not eligible for transportation services through Ionia Public Schools. Please use the following link to view each [school's walk zones](#).
- Eligible students are allowed one designated bus pick up and one designated bus drop off for the school year.
- It is the responsibility of the student's parent/legal guardian to get their student(s) to their designated bus stop.
- If your student does not ride the bus for five consecutive days, and you have not contacted the transportation department, we may call you to determine if transportation adjustments need to be made.
- Please call the Transportation Department at 616-527-9680 if your student(s) will not be riding the bus, or if there are any changes in your transportation needs. Any change requests will need to be approved and may take up to 3 business days.

**Complete the following required information for your student(s).**

***Note: If your pick up and drop off locations are different for each child, you will need to fill out multiple forms to ensure that your transportation needs are processed correctly.***

Parent/Legal Guardian Name(s) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Alternate Ph# \_\_\_\_\_

Pick Up address: \_\_\_\_\_ Contact Person \_\_\_\_\_ Ph# \_\_\_\_\_

Home \_\_\_\_\_ Daycare \_\_\_\_\_ Other \_\_\_\_\_

Drop Off address \_\_\_\_\_ Contact Person \_\_\_\_\_ Ph# \_\_\_\_\_

Home \_\_\_\_\_ Daycare \_\_\_\_\_ Other \_\_\_\_\_

*I understand and agree to the terms stated above. By signing this document I will abide by the district's transportation bylaws and policies. I authorize my child to be picked up/dropped off at the stops designated in this document.*

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_