

**Frederick County Public Schools**

**High School Transportation Form**

**Check Boxes for School Year:**

**Start Date:**

**School:**

**Name:**

**Current Grade:**

**Teacher:**

**Student Address:**

**Student Number:**

**Home Phone:**

**Emergency Phone:**

**Cell Phone:**

*Directions: Please fill this form completely and return to your child's school. You must check a box for every day of the week, to and from school. One caregiver per child*

**Pickup to School**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

Bus from Home

Car Rider

**Drop-off from School**

Bus to Home

Car Rider

**Special Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent or Guardian:**

\_\_\_\_\_

**Signature Date:**

\_\_\_\_\_

*If Student starts school after the first day of school, please write in their actual start date:*

\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE, OFFICE USE ONLY**

**Change Status:**

**Approved**

**Denied**

**Time AM:**

**Time PM:**

**Home Bus#**

\_\_\_\_\_

**Location:**

\_\_\_\_\_

**Alternate Bus#**

\_\_\_\_\_

**Location:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Transportation Signature:**

\_\_\_\_\_