

Frederick County Public Schools

Middle 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk from Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus from Caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Rec (no bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drop-off from School	Monday	Tuesday	Wednesday	Thursday	Friday
Bus to Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk to Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus to Caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Rec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Caregiver Name: _____ **Phone:** _____

Address: _____

City, St Zip _____

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:** _____