

Frederick County Public Schools

Elementary 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 (no bus)	<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 (no bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Rider (no bus)	<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:** _____