



STUDENT TRANSPORTATION CARD

(Please print legibly using ink and provide all information requested.)

STUDENT NAME: _____
(LAST) (FIRST)

HOME ADDRESS: _____
(NUMBER & STREET NAME) (APT#) (CITY)

PHONE # _____ Email: _____

THIS STUDENT HAS ACCESS TO THE HOME, AND MAY BE LEFT ALONE: YES or NO

4-DIGIT PIN OR CODE WORD: _____
THIS INFORMATION CAN BE SHARED WITH AN INDIVIDUAL WHO MIGHT FILL IN AT THE DROP OFF LOCATION, IN CASE THE PERSON WHO NORMALLY RECEIVES THIS STUDENT IS UNABLE TO RECEIVE.

EMERGENCY CONTACT INFORMATION

NAME: _____
(LAST) (FIRST) (PHONE)

NAME: _____
(LAST) (FIRST) (PHONE)

NAME: _____
(LAST) (FIRST) (PHONE)

NAME: _____
(LAST) (FIRST) (PHONE)

Parent/Guardian signature acknowledges and received Transportation Pamphlet

Parent/Guardian Name

Parent/Guardian Signature

Date