

Victory Charter School 2025-26  
Elementary/Middle School Transportation Form

<b>New Student</b>	
<b>Returning Student</b>	
<b>Address Chg Only</b>	
<b>Other:</b>	



Phone 466-4181 Fax 466-2861

**PLEASE PRINT AND COMPLETE IN FULL ONLY IF TRANSPORTATION IS NEEDED. ONE FORM PER STUDENT. ONLY SUBMIT IF NEW STUDENT OR CHANGE IN INFORMATION.**

Student Last Name		Student First Name	
Parent / Guardian Name			
Phone	Home	Work	Sitter
Cell			
Email Address(es):			
HOME ADDRESS (Must be a street address not a PO Box):		MAILING ADDRESS (If different from home address):	
PICK UP ADDRESS (If different from home address, i.e. Sitter):		DROP OFF ADDRESS (If different from home address):	
GRADE	KG-PM 1 2 3 4 5 6 7 8	SEX: M F	BIRTHDATE:
STUDENT HAS AN IEP?	YES NO	IF YES, IS TRANSPORTATION PART OF IT?	YES NO
<b>ADDITIONAL INFORMATION:</b>			

**AUTHORIZED TO MEET KINDERGARTEN STUDENT AT THE BUS STOP:** *(Please be specific – names and relationship to student):*

NAME	NAME	NAME	NAME
RELATIONSHIP	RELATIONSHIP	RELATIONSHIP	RELATIONSHIP
<p><b><i>Kindergarten students must be met at the bus door</i></b> by someone at their stop or accompanied by an older sibling if riding the bus home. If they are not met/accompanied by an approved person they will be returned to school.  <b><i>Kindergarten bus pick up is not available. Kindergarten bus is provided for afternoon drop off only.</i></b></p>			

OTHER CONTACT PERSON(S):	EMERGENCY PHONE NUMBERS	RELATIONSHIP TO STUDENT

PARENT / GUARDIAN SIGNATURE:

DATE:

**OFFICE USE ONLY:**

BUS #:	REGULAR PICK-UP LOCATION:	PICK-UP TIME:
BUS #:	REGULAR DROP-OFF LOCATION:	DROP-OFF TIME:

SCHOOL NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PARENT NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DRIVER NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ ROUTE LIST UPDATED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

MAP UPDATED (if applicable) BY: \_\_\_\_\_ DATE: \_\_\_\_\_