Department of Transportation (DOT)

Transportation Address/Route Verification Form

NEW STUDENT-RIDER

DATE: _____

CAMPUS ATTENDING: _____

STUDENT NAME: _____

STUDENT ID: _____

ADDRESS: _____

PHONE #: _____

Bus #: _____

Pick Up Time: _____

Pick Up Location: _____

Drop Off Time: _____

Drop Off Location: _____

This form is to be used for **any** new student and must be **handed to the bus driver by the student**. Its purpose is to ensure the driver is aware that they have a **new** rider and to ***verify*** that the address provided is part of the bus driver's assigned route**.**