

**DOTHAN CITY SCHOOLS' APPLICATION FOR TRANSPORTATION**

Parent: Please print and complete ALL information except bus information

|                                                                                         |                                                                                               |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| School: _____ Grade: _____<br><i>(Enter school and grade for 2026-2027 school year)</i> | Student's Name: _____                                                                         |
| Date: _____ / _____ / _____<br>MONTH DAY YEAR                                           | Address: _____                                                                                |
| <b>To be completed by school or transportation:</b>                                     | Telephone Number: _____                                                                       |
| Bus No. _____ Bus Stop Time _____                                                       | Parent/Guardian _____                                                                         |
| Bus Stop _____                                                                          | Will your child need transportation? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| *Bus No. _____ Stop _____                                                               |                                                                                               |
| *PM If different than AM stop                                                           |                                                                                               |

**REQUEST FOR ALTERNATE AM/PM LOCATIONS DUE TO DAYCARE NEEDS\*\***  
*(Elementary requests must be in student's school zone) \*\*Depends on capacity*

|                                                                   |                                                                    |
|-------------------------------------------------------------------|--------------------------------------------------------------------|
| Pick up address (AM) if different than physical address:<br>_____ | Drop off address (PM) if different than physical address:<br>_____ |
| Responsible Party's Name: _____                                   | Responsible Party's Name: _____                                    |
| Phone Number: _____                                               | Phone Number: _____                                                |
| Parent/Guardian Signature _____                                   | Parent/Guardian Signature _____                                    |

**ALL KINDERGARTEN AND FIRST GRADE STUDENTS MUST HAVE THIS WAIVER COMPLETED AND SIGNED**

**IN ORDER TO BE RELEASED WITHOUT AN ADULT PRESENT: Optional - NOT REQUIRED**

**NO ELEMENTARY STUDENT WILL BE DROPPED AT A HOTEL WITHOUT AN ADULT PRESENT REGARDLESS OF SIGNED RELEASE**

I \_\_\_\_\_ give my child named \_\_\_\_\_  
(Guardian's name) (Student's name)  
who attends \_\_\_\_\_ permission to exit the bus at his/her bus stop without an adult being present.  
(School's name)

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature required only for release waiver)