Victory Charter School 2026-27
Elementary/Middle School Transportation Form

New Student	
Returning Student	
Address Chg Only	
Other:	

Brown Bus Company

Phone 466-4181 Fax 466-2861

PLEASE PRINT AND COMPLETE IN FULL ONLY IF TRANSPORATION 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	Cell	Sitter
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	
ADDITIONAL INFORMATION:			

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

***Kindergarten students* must be met at the bus door** 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.
Kindergarten bus pick up is not available. Kindergarten bus is provided for afternoon drop off only.

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: _____