

# TRANSPORTATION FORM

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Parent's Name & Phone: \_\_\_\_\_

Babysitter's Name & Phone: \_\_\_\_\_

Babysitter's Address: \_\_\_\_\_

Please indicate how and where your child is to be transported each day.  
(Example - bus, walk, home, babysitter, daycare, etc.)

Day	How & Where	How & Where
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

*Once a student has established a normal method of coming to school, this method should not be changed. **Students are not permitted to change bus stops or their usual method of transportation to or from school unless it is an emergency. If a change in transportation is required due to an emergency, notice must be received by 1:00pm and approved by the district.** If a regular schedule cannot be established, the parent will be asked to designate one pickup point and one drop off point.*

Arrangements for 3 hour delay (Pickup): \_\_\_\_\_

Arrangements for Early Dismissal (Please check one)

Drop-off at: \_\_\_\_\_

Please call Parent/Guardian at: \_\_\_\_\_

Arrangements for extended day (Please check one)

Drop-off at: \_\_\_\_\_

Please call Parent/Guardian at: \_\_\_\_\_

Office use only: Bus Driver Name and Number \_\_\_\_\_