

STUDENT TRANSPORTATION RECORD 2009/2010

STUDENT: _____ GRADE: _____
LAST NAME FIRST NAME

HOME PHONE: _____ CELL PHONE: _____

PARENT/GUARDIAN: _____
LAST NAME FATHER'S NAME MOTHER'S NAME

ADDRESS: _____
PO BOX Apt # ROUTE/STREET # CITY ZIP

SUBDIVISION: _____

NAME(S) OF SIBLING(S) IN ELEMENTARY SCHOOL DISTRICT AND GRADE(s):

_____	_____
_____	_____
_____	_____

***NOTE: STUDENTS MUST RESIDE AT THE LOCATION DESCRIBED ABOVE TO BE ELIGIBLE FOR TRANSPORTATION. DUE TO SPACE LIMITATIONS, STUDENTS WILL NOT BE ALLOWED TO RIDE ANY OTHER BUS THAN THE BUS THEY ARE ASSIGNED TO RIDE. (Daycare providers must be located in the same attendance as the students home school.)**

PICK UP PROCEDURE

Please mark the applicable option.

1. My child will ride a bus. _____
2. My child will be a car rider/walker. _____
3. My child will ride bus to and from a day care provider. _____
Name of Day Care: _____
Address of Day Care: _____
Phone# of Day Care: _____
4. My child will be picked up by a day care provider. _____
Name of Day Care: _____
Address of Day Care: _____
Phone# of Day Care: _____

***NOTE: PARENTS MUST NOTIFY STUDENT'S SCHOOL IF STUDENT WILL BE PICKED UP RATHER THAN RIDE THE ASSIGNED BUS HOME AFTER SCHOOL. STUDENT WILL BE PLACED ON ASSIGNED BUS IF SCHOOL IS NOT NOTIFIED.**

OFFICE USE ONLY: BUS# _____ PICK UP TIME: _____
PICK UP LOCATION: _____
AFTER SCHOOL BUS # (IF DIFFERENT THAN PICK UP) _____
FAMILY ID: _____ STUDENT ID: _____
START DATE: _____

