



(6) TRANSPORTATION FORM

School Year 2016-17

APPLICATION DATE, EFFECTIVE DATE, SCHOOL, GRADE, BIRTH DATE, GENDER, STUDENT'S NAME AS SHOWN ON BIRTH CERTIFICATE

STUDENT'S RESIDENTIAL ADDRESS (NOT POST OFFICE BOX), RECEIVES MAIL?, ADDRESS CHANGE?

WHAT IS THE BEST PHONE NUMBER TO CALL IN AN EMERGENCY?, PERSON TO ASK FOR AND RELATIONSHIP TO STUDENT

PARENT / GUARDIAN 1 NAME, WK#, CELL#, OTHER; PARENT / GUARDIAN 2 NAME, WK#, CELL#, OTHER

I AM REQUESTING TRANSPORTATION FOR MY CHILD LISTED ABOVE AS FOLLOWS: -

TO SCHOOL PICKUP AT (CIRCLE DAY OF WEEK), DAYCARE / ALTERNATIVE LOCATION ADDRESS, HOME, DAYCARE / ALTERNATIVE LOCATION, DAILY M T W TH F, PHONE#:

FROM SCHOOL DROP OFF AT (CIRCLE DAY OF WEEK), DAYCARE / ALTERNATIVE LOCATION ADDRESS, HOME, DAYCARE / ALTERNATIVE LOCATION, DAILY M T W TH F, PHONE#:

The District Policy allows us to provide no more than two (2) different pick-ups & drop-offs; EXAMPLE: Either at home residence or one (1) other designated location.

We recognize that occasions may arise when your child care arrangements cannot be made by APRIL 1. Requests made AFTER APRIL 1, 2016, however, may not be able to be provided.

I certify that the information provided above is accurate and complete: Parent/Guardian Signature, Date