

# 2017-2018 TRANSPORTATION

(Please Print)

**Child's Name:** \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Current Home Address:**

Street \_\_\_\_\_

City/Zip \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Phone Dad: \_\_\_\_\_

Cell Phone Mom: \_\_\_\_\_

**Please check the areas that apply to you and your child:**

\_\_\_\_\_ My child's bus pick up location will be: \_\_\_\_\_  
Address for pickup

**Circle location**      **Home**                      **Daycare**                      **Babysitter**

**Phone Number:**                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

\_\_\_\_\_ My child's bus drop off location will be: \_\_\_\_\_  
Address for drop off

**Circle location**                      **Home**                      **Daycare**                      **Babysitter**

**Phone Number:**                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

**Locations for pick up and drop off have to be the same Monday thru Thursday.**

\_\_\_\_\_ My child has a personal wheelchair that comes to school with them each day.

\_\_\_\_\_ My child needs to be in car seat

\_\_\_\_\_ My child needs to be in harness

\_\_\_\_\_ My child will need assistance going up and down the bus steps.

\_\_\_\_\_ I am transporting my own child, no transportation is needed.

Effective Date \_\_\_\_\_