(6) TRANSPORTATION FORM

School Year 2015-16

APPLICATION DATE	EFFECTIVE DATE	SCHOOL	GRADE
____/____/____	____/____/____		

BIRTH DATE	GENDER	STUDENT'S NAME AS SHOWN ON BIRTH CERTIFICATE
____/____/____	☐ Male ☐ Female	

Last *First* *Middle* *Suffix (Jr., II., etc.)*

STUDENT'S RESIDENTIAL ADDRESS (NOT POST OFFICE BOX)		RECEIVES MAIL?	ADDRESS CHANGE?
Street 1		☐ Yes ☐ No	☐ Yes ☐ No
Street 2			
City\ST\Zip			

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	DAILY M T W TH F	
PHONE#:	PHONE#:	

FROM SCHOOL DROP OFF AT (CIRCLE DAY OF WEEK)		DAYCARE / ALTERNATIVE LOCATION ADDRESS
HOME	DAYCARE / ALTERNATIVE LOCATION	
DAILY M T W TH F	DAILY M T W TH F	
PHONE#:	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, 2015, however, may not be able to be provided.

I certify that the information provided above is accurate and complete:

_____ _____

Parent|Guardian Signature *Date*