YEARLY STUDENT TRANSPORTATION FORM

SCHOOL YEAR: ________________

DATE: ________________________

SCHOOL: ________________________

STUDENT: ____________________________________________________________

GRADE: ________________

☐ New Student  ☐ Change of Address  ☐ Change in Preference

Note: Change of preference will be accommodated within two weeks of receipt of form

HOME ADDRESS: ________________________________________________________________

DAYTIME PHONE NUMBERS: __________________________________________________________

☐ MY CHILD WILL TAKE THE SCHOOL BUS FROM AND TO HOME EVERY DAY.
☐ MY CHILD WILL BE TRANSPORTED AND WILL NOT TAKE THE SCHOOL BUS.
☐ MY CHILD WILL REQUIRE ALTERNATE TRANSPORTATION AS DETAILED BELOW:
☐ OTHER: _______________________________________________________

** PARENT/GUARDIAN SIGNATURE REQUIRED BELOW **

Please complete this section for students who will require alternate transportation arrangements

Note: Transportation to a daycare is defined as a consistent, regularly scheduled arrangement between parents and provider. A temporary babysitting arrangement is not considered daycare.

DAYCARE PROVIDER: ____________________________________________________________

PROVIDER PHONE: ___________________________________________________________

PROVIDER ADDRESS: ___________________________________________________________

DAYCARE SCHEDULE:

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<tr>
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<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THR</th>
<th>FRI</th>
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<tbody>
<tr>
<td>AM</td>
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<tr>
<td>PM</td>
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</tbody>
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BUS COMPANY USE ONLY

AM BUS #: __________

AM PICK UP TIME: _________

AM STOP LOCATION: _______________________

PM BUS #: __________

PM DROP OFF TIME: _________

PM STOP LOCATION: _______________________

Parent/Guardian Name: __________________________________________________________

(Please print)

Parent/Guardian Signature: ____________________________________________