YEARLY STUDENT TRANSPORTATION FORM

SCHOOL YEAR: ____________

DATE: ________________________

SCHOOL: ____________________

STUDENT: ____________________ GRADE: ____________

☐ New Student  ☐ Change of Address 

Note: Documentation of Proof of Residency is required to be submitted to the student’s school.

☐ 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:

<table>
<thead>
<tr>
<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>
</table>

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: ________________________________