



(6)TRANSPORTATION FORM

SCHOOL YEAR 2011-12

APPLICATION DATE	EFFECTIVE DATE	SCHOOL	GRADE
___/___/___	___/___/___		
BIRTH DATE	GENDER	STUDENT'S NAME AS SHOWN ON BIRTH CERTIFICATE	
___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<i>Last</i>	<i>First</i>
		<i>Middle</i>	<i>Suffix (Jr., II., etc.)</i>

STUDENT'S RESIDENTIAL ADDRESS (NOT POST OFFICE BOX)		RECEIVES MAIL?	ADDRESS CHANGE?
Street 1		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

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

<u>FROM SCHOOL</u>		DAYCARE / ALTERNATIVE LOCATION ADDRESS
DROP OFF AT (CIRCLE DAY OF WEEK)		
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, 2011**, however, may not be able to be provided.

<i>I certify that the information provided above is accurate and complete:</i>	
_____ <i>Parent\Guardian Signature</i>	_____ <i>Date</i>