



(4) TRANSPORTATION FORM (NEW REGISTRATION)

OFFICE USE ONLY	STUDENT ID	
STUDENT NAME		SCH GR

APPLICATION DATE	EFFECTIVE DATE
___/___/___	___/___/___

School Year 2020-21

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>

FULL NAME OF PARENTS \ GUARDIANS	RELATIONSHIP	HOME PHONE	WORK PHONE & WORKPLACE	CELL PHONE
1)				
2)				

Prefix, Last, First, Middle, Suffix

STUDENT'S RESIDENTIAL ADDRESS (NOT POST OFFICE BOX)			RECEIVES MAIL?
Street 1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street 2			
City\ST\Zip			

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, 2020, however, may not be able to be provided.

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

Parent\Guardian Signature

Date