

## (4) TRANSPORTATION FORM (NEW REGISTRATION)

OFFICE USE ONLY	Student ID		
STUDENT NAME		SCH	Gr

APPLICATION DATE	EFFECTIVE DATE
//	//

## School Year 2021-22

BIRTH DATE	Gender	STUDENT'S NAME AS SHOWN ON BIRTH CERTIFICATE				
//	🗌 Male 🔲 Female					
		Last First		Middle	Suffix (Jr., II., etc.)	
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)			
Street 1		☐ Yes	
Street 2			
City\ST\Zip		No	

## 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
	DAYCARE /	
HOME	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, 2021, however, may not be able to be provided.

I certif	y that the	information	provided ab	ove is acc	urate and	complete:

Parent|Guardian Signature

Date