OFFICE USE ONLY	STUDENT ID	

School Year 2021-2022

APPLICATION DATE	EFFECTIV	/E DATE	School	L		GRADE							
	/												
BIRTH DATE	GENDER		STUDEN	IT'S NAME A	s S H0	WN ON BI	RTH CERT	TIFICATE					
//	☐ Male [Female											
			Last			Fi	rst		Middle		Suffix (Jr., II., etc.)		
STUDENT'S RESIDENTIAL ADDRESS (NOT POST OFFICE BOX)								RECEIVES MAIL?		Address Change?			
Street 1							Yes		Yes				
Street 2													
City\ST\Zip									∐ No		∐ No		
WHAT IS THE BEST PHONE NUMBER TO CALL IN AN EMERGENCY? PERSON TO ASK FOR AND RELATIONSHIP TO STUDENT													
PARENT / GUARDIA	N 1 NAM	NAME:			wĸ#:			CELL#:		OTHER	OTHER:		
PARENT / GUARDIA	N 2 NAM	NAME:			wĸ#:			CELL#: OTH		OTHER	HER:		
I AM REQUESTING TRANSPORTATION FOR MY CHILD LISTED ABOVE AS FOLLOWS: TO SCHOOL PICKUP AT (CIRCLE DAY OF WEEK) DAYCARE / ALTERNATIVE LOCATION ADDRESS													
·	DAYCARE /												
HOME ALTERNATIVE LOCATION													
DAILY M T W TH	F DA	ILY M T W											
PHONE#:	PH	ONE#:											
	•												
FROM SCHOOL DROP OFF AT (CIF	RCLE DAY O	OF WEEK)		DAYCARE / ALTERNATIVE LOCATION ADDRESS									
НОМЕ		DAYCAR ALTERNAT LOCATIO	ΓIVE	2711 671111									
DAILY M T W TH	F DA	ILY M T W											
PHONE#:	РН	ONE#:											
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 certify that the information provided above is accurate and complete:													

Date

Parent|Guardian Signature