

A new application for transportation must be completed every year and returned to the Transportation Department by <u>May 31st, 2019</u>. The request for transportation must be on a *"regular basis"* to ensure safety and consistency in scheduling, which means that the student's weekly schedule must be the same for the entire year.

Fill out a form for each child in your household. If your child rides the bus, indicate what address they will be transported from (AM) and transported to (PM). If you're planning to drop your child off in the morning, pick your child up, or they walk/drive to school, please indicate that on the lines below. ***Safety Reminder: All PreK-2 students must be accompanied by a responsible adult when getting on the bus in the morning and off the bus in the afternoon.**

Student's Name:		Grade:
Home Address:		Phone#:
	PICK UP ADDRESS	DROP OFF ADDRESS
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
	ct Information: (Primary)	
Parent/Guardian Contac	t Information: (Secondary)	
Name:		
Address:		Phone:
Emergency Contact Info	rmation:	
Name:		
Address:		Phone:
Early Dismissal and/or	Emergency Closing Delivery Address Info	rmation (If different from above):
Name:		
Address:		Phone: