

Transportation Data Form

This form must be completed and returned to the school for your child to receive bus service. In order to establish bus routes, it is necessary to know if your child will be riding a bus and where your child will be picked up and dropped off.

Child's name			
	No, my child will not be riding the bus. I will p	rovide my transportation.	
	Yes, my child needs bus service		
<u>POINT</u> a	must choose ONE consistent PICK UP POIN at home or daycare. Pick up point and drop ur child's Elementary District.		
Address	of PICK UP Point		
Address	of Drop Off Point		
Daycare/Babysitter's Name		Phone #	
Emergency Contact Name		Phone #	
A parent is delive	or designated individual must be at the Busted.	s Stop when your Kindergarten child	
	notify your child's school, if your address changleted before changes can be made to your child	• • • • • • • • • • • • • • • • • • •	
	Parent Signature	Date	
	Address Change Re-E	inroll	