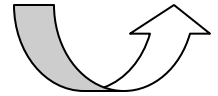


# STUDENT TRANSPORTATION FORM



School \_\_\_\_\_

Bus # \_\_\_\_\_

In order to comply with the State Department of Education, the bus driver must collect this information on all students riding the bus. Please have your student give this form to their bus driver for our records. Please call the Transportation Center at 224-1385 if you have any questions.

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ MOM'S CELL \_\_\_\_\_ DAD'S CELL \_\_\_\_\_

DATE OF BIRTH: MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ GENDER:  MALE  FEMALE

DAYCARE PROVIDER (if used) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

If this is a rural area, please describe location in detail on the back of this form.