

**For the safety of your child and to ensure accurate pick-up and drop-off of your child, any change requested in transportation service may REQUIRE A THREE (3) DAY ADVANCE NOTICE.**



## Application for Bus Transportation 2013-2014

FOR OFFICE USE ONLY	
New Student	
Change of Bus Information	
Change of Address	
Special Needs	
Office Verification	

**Student Information:**

Student's Name		Date of Birth	
Street Address		Grade	
School (circle one)	<input type="checkbox"/> ITES <input type="checkbox"/> WTES <input type="checkbox"/> MS <input type="checkbox"/> HS <input type="checkbox"/> ECC <input type="checkbox"/> FCC	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Student RESIDES with:** (please check one)

<input type="checkbox"/>	Both Natural Parents	<input type="checkbox"/>	Mother Only
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Father Only
		<input type="checkbox"/>	Mother & Other Adult
		<input type="checkbox"/>	Father & Other Adult

**RESIDENT Contact Information:**

Mother/Guardian		Father/Guardian	
Home Phone		Home phone	
Work phone		Work phone	
Cell Phone		Cell Phone	

**Daycare Provider / Sitter Information:**

**Other Emergency Contact:**

Name		Name	
Address		Relationship	
Phone # 1		Phone # 1	
Phone # 2		Phone # 2	

**PLEASE  
NOTE:**

**Student's pick-up location MUST be the same every day of the week.  
Student's drop-off location MUST be the same every day of the week.**

**PICK-UP** (please check one)

**DROP-OFF** (please check one)

<input type="checkbox"/>	Student will ride from home	<input type="checkbox"/>	Student will ride to home
<input type="checkbox"/>	Student will ride from sitter or daycare	<input type="checkbox"/>	Student will ride to sitter or daycare
<input type="checkbox"/>	Student will NOT ride the bus	<input type="checkbox"/>	Student will NOT ride the bus

Busing to begin on:	
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\_\_\_\_\_  
(Parent / Guardian Signature)

Date \_\_\_\_\_