

**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

<i>FOR OFFICE USE ONLY</i>	
<i>New Student</i>	
<i>Change of Bus Information</i>	
<i>Change of Address</i>	
<i>Special Needs</i>	
<i>Office Verification</i>	

**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"/> Father Only
<input type="checkbox"/> Other:	<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

\_\_\_\_\_  
(Parent / Guardian Signature)

Busing to begin on:	
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Date \_\_\_\_\_