

TRANSPORTATION FORM

First Name: _____ Last Name: _____

Grade: _____ Homeroom: _____

RESIDENCY STATUS

- Resident
- School of Choice – Transportation is not provided under School of Choice. However, you may be eligible to have your child picked up and dropped off at an established Sand Creek bus stop.
 - I will not need Sand Creek bus transportation
 - I would like more information on the Sand Creek Bus Stop.

OTHER FAMILY MEMBERS AT SAME ADDRESS:

STUDENT NAME	GRADE	HOMEROOM TEACHER

TRANSPORTATION INFORMATION

AM PICKUP (check 1)	Days of the Week	Contact Person/ Relationship	Phone Number	ADDRESS, CITY, STATE, ZIP
<input type="checkbox"/> Home <input type="checkbox"/> Babysitter <input type="checkbox"/> S of C Bus Stop <input type="checkbox"/> Other, Specify _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
PM DROP OFF (check 1)	Days of the Week	Contact Person/ Relationship	Phone Number	ADDRESS, CITY, STATE, ZIP
<input type="checkbox"/> Home <input type="checkbox"/> Babysitter <input type="checkbox"/> S of C Bus Stop <input type="checkbox"/> Other, Specify _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			

Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY

Home bus #: _____

Babysitter bus #: _____

AM BUS # _____

PM BUS # _____