

Hamilton Community School Corporation

Transportation Form

903 S. Wayne Street, Hamilton, IN 46742

Phone: Elementary (206) 488-2101 Fax: (260) 488-3634

Jr./Sr. High School 260-488-2161 Fax: (260)488-3149

**** Please complete and return to the school office**

Student Name: _____

Home Address _____

Home Phone: _____ Cell Phone: _____

Please provide transportation for my student during the school year Yes _____ No _____

*If you decide your student will need transportation at a later date, please contact the Elementary office at (260) 488-2101 or the Jr./Sr. High at (260)488-2161 to make arrangements.

If your student is to be bused to and from your home address, please skip the next section and sign at the bottom. If you are requesting different arrangements, please complete the following and sign at the bottom.

Alternative AM/Pick Up

Contact _____

Address 1 _____

Address 2 _____

City _____

State _____

Phone _____

Which days? M T W TH FRI

Effective Date _____

Alternative PM/Drop Off

Contact _____

Address 1 _____

Address 2 _____

City _____

State _____

Phone _____

Which days? M T W TH FRI

Effective Date _____

Parent or Guardian Signature _____ Date _____