



LNLC Transportation Information

*Please complete whether your child is a car rider or bus rider.

STUDENT NAME: _____

Transportation Mode: BUS #: _____ * CAR RIDER A.M.: ___ CAR RIDER P.M.: ___

This information will be used to assist your child during bus routes as well as field trips.

Please list any medical diagnoses: _____

Please list any medications your child is taking: _____

Is there anything specific that may upset your child? _____

Do you have any "tricks" to help soothe your child? _____

Emergency Contact Name and Number: _____

Emergency Contact Name and Number: _____

Emergency Contact Name and Number: _____

Guardian Name and Number: _____

Guardian Name and Number: _____

Student Address: _____

Signature: _____

Date: _____