

SCHOOL DISTRICT OF GREENWOOD

Transportation Contract

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Parents choosing to have their child picked up/dropped off at two (2) different locations must submit a monthly calendar listing the stops to the elementary school office. Changes to the calendar must be submitted in writing a minimum of three (3) days prior to the requested change. Requests for changes must be approved by the building principal.

Please notify the school office if your address changes during the school year.

Morning Pick Up Location [] NO BUSING (drop off, walk, bike)

Primary Address: _____

Phone: _____ Caregiver Name: _____

Alternate Address: _____

Phone: _____ Caregiver Name: _____

Afternoon Drop Off Location [] NO BUSING (pick up, walk, bike)

Primary Address: _____

Phone: _____ Caregiver Name: _____

Alternate Address: _____

Phone: _____ Caregiver Name: _____

By completing this Student Transportation Contract, both parent/guardian and the student are agreeing to the policies and procedures set forth by the School District of Greenwood and the Greenwood Bus LLC.

Parent/Guardian Signature: _____ **Date:** _____