

2020-21 Bus Assignment & Emergency Contact Form

List of students riding the bus, **grades K-8 only**: (one per family)

Last Name	First Name	Grade for 2020-21	Rode Bus Last Year (yes or no)

Bus Stop Request **AM** SERVICE: (Circle one)

Do not need AM service	Adnah Church Adnah United Methodist (at the Family Center across from the church) 1 Adnah Church Rd.	Museum Rd. New Kirk Baptist Church (Near Armory) 102 Museum Rd.	GARDEN Garden Sanctuary 831 Cedar St Rock Hill	AME Transformation Center 745 Saluda St Rock Hill	LDS Latter Day Saints Church 1883 Saluda Road	Chester Cedar Grove Baptist Church (vacant Lot behind church) 2268 Cedar Grove Rd.	
Pick Up Time	7:15 AM	7:00 AM	6:50 AM	7:05AM	7:00 AM	6:50 AM	

Bus Stop Request **PM** SERVICE: (Circle one)

Do not need PM service	Adnah Church. Adnah United Methodist (at the Family Center across from the church) 1 Adnah Church Rd.	Museum Rd. New Kirk Baptist Church (Near Armory) 102 Museum Rd.	GARDEN Garden Sanctuary 831 Cedar St Rock Hill	AME Transformation Center 745 Saluda St Rock Hill	LDS Latter Day Saints Church 1883 Saluda Road	Chester Cedar Grove Baptist Church (vacant Lot behind church) 2268 Cedar Grove Rd..	West End West End Baptist Church 1727 McConnells Hwy. Elementary ONLY
Drop Off Time	M - Th 3:00 PM F 1:30 PM	M - Th 3:10 PM F 1:40 PM	M - Th 3:20 PM F 1:50 PM	M - Th 3:05 PM F 1:35 PM	M - Th 3:05 PM F 1:35 PM	M - Th 3:20 PM F 1:45 PM	M - Th 2:40 PM F 1:10 PM

All students, including last year's riders must complete a new form each year. Completing this form does not guarantee busing services; a representative will contact you with the status of your application in early August.

Parent/Legal Guardian Name: _____

Student's Address: _____

Cell Phone #: _____ Alt. Phone #: _____

Email: _____

Please list anyone that is authorized to pick up your child(ren), other than yourself, at the bus stop:

Name	Phone #	Alternate Phone #

Emergency Contact (Other than the parent/guardian):

Name: _____ Cell Phone #: _____

Address: _____

List all special needs or allergies in case of emergency (i.e. latex, medications) _____

Parent/Legal Guardian Signature _____ Date _____