

Bus # _____ Teacher _____ Start Date _____

Address Change _____ New Service _____

Central Elementary Transportation Data Form

This form must be completed and returned to the school for your child to receive bus service. In order to establish bus routes, it is necessary to know if your child will be riding a bus and where your child will be picked up and dropped off.

Please complete the following information:

Child's Name _____ Grade _____

Home Address _____ Home Phone # _____

Parent/Guardian Name _____ Cell Phone # _____

No, my child will not be riding the bus. I will provide my own transportation.

Yes, my child needs bus service.

Parents must choose ONE consistent Pick Up Point and One consistent Drop Off Point at home or Daycare. Pickup point and drop off point may not vary daily and must be in your child's Elementary District.

Address of PICK UP Point _____

Address of DROP OFF Point _____

Daycare/Babysitter's Name _____ Phone # _____

Emergency Contact Name _____ Phone # _____

A parent or designated individual must be at the Bus Stop when your Kindergarten child is delivered.

*Please notify your child's school if your address changes. A new Transportation Form must be completed before changes can be made to your child's bus service.

Parent Signature

Date