

2023/2024 TRANSPORTATION ENROLLMENT FORM

Caring for students today, tomorrow, together."

| After completing this form, please sa | ave a copy. You can th | ien email the for | m to <u>USD231</u> | transportation(a)fi | rstgroup.com | |
|---|-----------------------------------|--------------------|--------------------|---------------------|--|--------------------------------|
| Main Contact Name: | in Contact Name: Phone: | | | | | |
| econdary Contact Name: Phone: | | | | | | |
| Home Address: | Address: City: | | | | | |
| Email Address: year. If not provided, parents will not Alternate Pick-Up Address: | need to call the Transpo | ortation office to | receive their | child's bus schedu | le.) | |
| Alternate Drop-Off Address: | | | | | | |
| Daycare Provider Name: | eare Provider Name: Phone: Phone: | | | | | |
| I have applied for Free and Reduced | Lunches through USD | 231 Food Serv | ices and am w | aiting for approva | 1. YES NO _ | |
| | | | Date Of | | Ride to School from: | Ride from School to: |
| Name of Student(s) 1) | School | Grade* | <u>Birth</u> | Gender M/F | (H=Home; A=Altern | nate; N/A=Not Riding) |
| 2) | | | | _ | | |
| 3) | | | | | | |
| <u>4)</u> | | | | _ | | |
| *If preschool, include A.M. or P. | | | | | | |
| **ONLY ONI Special request can only | | | | | CATION PER ST will be considered on a | |
| Additional Information: | | | | | | |
| | | | | | | |
| Medical Directive for Special Need | ls Riders: If your child | d has any medic | al concerns th | at vou feel are im | portant for First Student s | taff to be aware of it is you |
| responsibility to inform First Studen | | a mas amy medic | ai conceins th | at you reer are min | Johann 101 1 HSt Student 8 | tuil to be aware of, it is you |

By submitting this Transportation Enrollment Form, you authorize the USD 231 School District to release to First Student of Gardner, KS any information necessary to fulfill your transportation needs.