

TRANSPORTATION REQUEST

Student Name: _____ Date of Birth: _____ Today's Date: _____

REQUESTED School and Grade Assignment: _____

This transportation request is for the: Current school year Next school year

Home Address: _____ Home Phone: _____

City/Zip Code: _____

Student Resides With: Name Relationship Daytime Phone #

1) _____

2) _____

Does this student have any health conditions or allergies that transportation staff needs to be aware of? No Yes

If YES, please specify: _____

Transportation Needs

In order for the Schoolcraft Community Schools to provide a safe and orderly transportation system, all students are required to register for bus service. Students not registered with transportation will not be assigned to a bus. Parents/guardians are encouraged to identify one (1) pick up and one (1) drop off location for the school year. The bus stop may or may not be located at the home address. However, students will be assigned within the prescribed walking distance. Any changes must be made in writing. Thank you in advance for your support and cooperation.

PICK UP AT: Home

Other Child Care: Name: _____ Phone: _____

Address: _____

Transportation to school is **not** required

DROP OFF AT: Home

Other Child Care: Name: _____ Phone: _____

Address: _____

Transportation from school is **not** required

- **Please return this form to the person registering your student(s) or the Transportation Office.**

☞ For School Office Use Only ☜

ASSIGNED School and Grade: _____ **SIS** Student Number: _____

Comments or notes: _____

Enrolled/Authorized By: _____ Date: _____

☞ For SCS Transportation Use Only ☜

Entered in VT By/Date: _____ Driver Notified By/Date: _____ Parent/Guardian Notified By/Date: _____