

Pinconning Area Schools Transportation Department
STUDENT TRANSPORTATION FORM

<u>2017-2018 School Year</u>
School <u>Central Elem</u> Grade _____
Bus # _____

NOTE: PLEASE USE ONE FORM PER CHILD

Student Name: _____ Parent/Guardian Name: _____
 Last First M.I.

Telephone No.: _____ Alternate Phone No.: _____

Home Address of Student: _____
 House No. N.E.S.W. Street City Zip Code

Between which roads: _____

Please check the appropriate box below to indicate typical transportation schedule anticipated:

- A. Our child **does not need** transportation services in 2017-18.
- B. Our child needs transportation **to and from home only- no other** locations in 2017-18.
- C. Our child needs transportation **to and/or from home and also from the following location** in 2017-18. (see below)
- D. Our child needs transportation **to and/or from the following location** in 2017-18. (see below)

I understand that this is subject to change at any time by contacting the Transportation Department.

 Parent/Guardian Signature: _____ Date: _____

<p>Please complete this section if Box C or Box D is checked.</p> <p><input type="checkbox"/> AM Pick-up Location : _____ Name of Person or Location Phone _____ House No. N.E.S.W. Street City Zip Code</p> <p>Between which roads: _____</p> <p>Please indicate which day(s) of the week your student needs to use an alternate location.</p> <p>MON__TUES__WED__THURS__FRI__ VARIES ____ Please explain _____</p> <p><input type="checkbox"/> PM Drop-Off Location: _____ Name of Person or Location Phone _____ House No. N.E.S.W. Street City Zip Code</p> <p>Between which roads: _____</p> <p>Please indicate which day(s) of the week your student needs to use an alternate location.</p> <p>MON__TUES__WED__THURS__FRI__ VARIES ____ Please explain _____</p>	<input type="checkbox"/>
--	--------------------------

Please return this form to the office at your child's school.

- GSRP Central Elementary Linwood Elementary Middle School High School St. Mike's Head Start