2022-2023			Start Date:	
	COMMUNITY SCHO Department - Student Transpo			
		•		
Student's Name:				
Parents / Guardian's Name:				
Home Address:	Phone	#:		
Pick-up Address: Location <u>requested</u>	whether it is home, sitter or d	aycare.		
Resident's Name:	Pł	ione:	Bus	
Address:			#/Picture	
			Driver Notified Parent Contacted w/ time	
Location/Description of home:(Indicate	on which road, between which two roa	ads or streets)	Stop Added to Map	
Drop-off Address: Location <u>requested</u>	, whether it is home, sitter or	davcare.		
Resident's Name:				
			Bus	
Address:			#/Picture Driver Notified	
Location/Description of home:	on which road, between which two roa	ada or straata)	☐ ☐ Parent Contacted w/ time ☐ Stop Added to Map	
(Indicate		ius of streets)	Entered on Roster	
EMERGENCY Alternate Address: Lo	cation <u>requested</u> , whether it is	s home, sitter or	daycare.	
Resident's Name:	Pho	one:		
Address:				
Location/Description of home:				
(Indicate	on which road, between which two roa	ads or streets)		
□ New Student □ School Of (Choice Student D Transp	portation Chang	70	
·	-		-	
Note: (1) Alternate Address is for Eme one afternoon bus stop (2) An adult (or				
at the bus stop, and acknowledge their pr	esence to the driver. (3) Out of	District Students	must be met by an adult at a	
bus stop arranged by the Transportation I will be to return the child to their school.	Department. (4) If an adult is no	ot present for #2 of	or # 3 above, our procedure	
MEDICAL / Behavioral Concerns the	Driver Should Be Made Awar	e of (List):		
I/we understand Transportation Servion at that location. Students may be direct				
days. Students may only ride the bus t				
on this signed form. Audio & video rec	anding may hain was an are	hugog and are		

Parent/Guardian Signature_____