2025-2026

## CA

	Start Date:
CARO COMMUNITY SCHOOLS	
Transportation Department - Student Transportation Request	

Student's Name:	Grade:	Teacher	
Parents / Guardian's Name:			
Home Address:	Phone	#:	
Pick-up Address: Location requested w	hether it is home, sitter or da	aycare.	
Resident's Name:	Ph	one:	
Address:			Bus #/Picture
Location/Description of home:(Indicate on whi	ich road, between which two roads or	· streets)	Driver Notified Parent Contacted w/ time Stop Added to Map Entered on Roster
<b>Drop-off Address:</b> Location requested, v	whether it is home, sitter or d	laycare.	
Resident's Name:	Pho	ne:	
Location/Description of home:	ich road, between which two roads or	· streets)	Bus #/Picture  Driver Notified Parent Contacted w/ time Stop Added to Map Entered on Roster
Resident's Name:Address:		ne:	
Location/Description of home:(Indicate on whi	ich road, between which two roads or	streets)	
Note: (1) Alternate Address is for Emmorning, and one afternoon bus stop		, students are allo	
and acknowledge their presence to the driven arranged by the Transportation Department to return them to the transportation garage,  MEDICAL / Behavioral Concern	rer. (3) Out of District Students t. (4) If an adult is not present and it is your responsibility to	S MUST be met by a for #2 or # 3 above, pick them up.	n adult at a <u>bus stop</u> our procedure will be
I/we understand transportation services at that location. Students may be directed school days for processing. Students may denied to any address not on this signed	ed to an existing bus stop. <u>Tr</u> y only ride the bus they are a	ansportation reque	sts may take up to 3-5
Parent/Guardian Signature		Date	