

# **TRANSPORTATION INFORMATION FORM**

## **2023-2024**

**PLEASE RETURN THIS FORM TO BUS DRIVER 1<sup>ST</sup> WEEK OF SCHOOL**

PLEASE FILL IN THE FORM BELOW WITH ALL PHONE NUMBERS AND ADDRESSES, TO BE KEPT ON FILE IN THE TRANSPORTATION DEPARTMENT, **FOR OUR USE IN CASE OF EMERGENCY ONLY** (i.e. no one at home in the afternoon to receive child, injury on bus, etc.)

### **PLEASE PRINT**

BUS ROUTE LETTER / NUMBER \_\_\_\_\_

SAFE WORD \_\_\_\_\_ (Use when calling office for emergency identification)

STUDENT'S NAME \_\_\_\_\_

ADDRESS (Not PO Box #) \_\_\_\_\_

STUDENT'S DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT'S HOME PHONE # \_\_\_\_\_

**PARENT'S FULL NAME** (MOM) \_\_\_\_\_  
& WORK PHONE #

(DAD) \_\_\_\_\_

PARENT'S CELL PHONE # (MOM) \_\_\_\_\_

(DAD) \_\_\_\_\_

OTHER EMERGENCY CONTACT: NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

SITTER INFORMATION: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

THIS INFORMATION WILL HELP THE TRANSPORTATION DEPARTMENT DELIVER YOUR CHILDREN HOME IN A SAFE AND TIMELY MANNER. IF THERE SHOULD BE A CHANGE IN PHONE NUMBERS, PLEASE CONTACT US AT 691-1040, SO THAT WE MAY CORRECT OUR FILES.

Continue on Back.....

ADDITIONAL AUTHORIZED PEOPLE WHO CAN ACCEPT YOUR CHILD FROM THE BUS AT YOUR BUS STOP

**PHOTO ID IS REQUIRED**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL # \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL# \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL # \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL # \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

**\*\* PLEASE NOTE \*\***

**Without this information your K-Grade 2 child will not be released to an unfamiliar person and they will be brought to the Transportation Department.**