

# Student Transportation Form 2017-2018

Student's Name: \_\_\_\_\_

Student's Grade: \_\_\_\_\_ School: (Circle one) Catholic, Elem./Middle, High

**If residing outside the walking area**

Requires Transportation: Yes  No  Check box if Walking / Parent

Parent's Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Check Box if picked up AND dropped off at home address

Parent's phone number(s): \_\_\_\_\_

Alternate scheduled pick up address: \_\_\_\_\_

List schedule: \_\_\_\_\_

Alternate scheduled drop off address: \_\_\_\_\_

List schedule: \_\_\_\_\_

Alternate scheduled pick up address: \_\_\_\_\_

List schedule: \_\_\_\_\_

Alternate scheduled drop off address: \_\_\_\_\_

List schedule: \_\_\_\_\_

Does this student have a health condition (circle one): YES NO

**Note:** This sheet must be filled out for **all students**. Even if your child already rides the bus, please fill this out and return immediately.

Any extra information necessary can be added to the back of the sheet. Thank-you!!