

# ELEMENTARY TRANSPORTATION FORM

Special Bus Arrangement (for transportation other than to/from primary address)

**ANY CHILD WITHOUT A FORM WILL BE PICKED UP AND DROPPED OFF AT THEIR PRIMARY BUS STOP MONDAY THROUGH FRIDAY**

**School Attending:** \_\_ Big Bend \_\_ Clarendon \_\_ Prairie View \_\_ Section \_\_ Rolling Hills \_\_ Eagleville  
 \_\_ St. Johns \_\_ St. Joes \_\_ Christ Lutheran

|                                   |                                   |   |                                 |
|-----------------------------------|-----------------------------------|---|---------------------------------|
| <input type="radio"/> New Student | <input type="radio"/> New Address | <input type="radio"/> Caregiving Change | <input type="radio"/> Temporary |
| <b>Student Last Name</b>          | <b>Student First Name</b>         |   | <b>Grade</b>                    |
|                                   |                                   |   |                                 |
|                                   |                                   |   |                                 |
|                                   |                                   |   |                                 |
|                                   |                                   |   |                                 |
|                                   |                                   |   |                                 |

**Starts:** \_\_\_\_\_ **If Temporary Expires:** \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

|                       |                        |
|-----------------------|------------------------|
| Street Address: _____ | City: _____            |
| Primary Phone: _____  | Alternate Phone: _____ |

|                 |                 |                    |
|-----------------|-----------------|--------------------|
| AM Route: _____ | Bus Stop: _____ | Pickup Time: _____ |
| PM Route: _____ | Bus Stop: _____ |                    |

|          |  |  |  |
|----------|--|--|--|
| <b>A</b> | Alternate Home Parent/Guardian                   | <b>Parent/Guardian Name:</b> _____     |  |
|          |  | Address: _____                         |  |
|          |  | Cell Phone: _____                      | Work Phone: _____                          |
| <b>B</b> | Day Care Sitter #1                               | <b>Day Care/ Sitter #1 Name:</b> _____ |  |
|          |  | Address: _____                         |  |
|          |  | Phone: _____                           |  |
| <b>C</b> | Day Care Sitter #2                               | <b>Day Care/ Sitter #2 Name:</b> _____ |  |
|          |  | Address: _____                         |  |
|          |  | Phone: _____                           |  |
| <b>D</b> | Before/After School Child Care on Site in School | <b>E</b>                               | Pick up and/or Drop of by Parent/Caregiver |

**Enter HOME on each line below when your child is riding to/from home.**  
**Enter A, B, C or D on any line with an alternate transportation request.**  
 Note: The bus company is not required to honor requests for more than two pick up/drop off points on a continuing basis. (per Transportation Standards I.8)

|  |               |                |                  |                 |               |
|--|---------------|----------------|------------------|-----------------|---------------|
|  | <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> |
| <b>Pick Up</b>                         | _____         | _____          | _____            | _____           | _____         |
| <b>Drop Off</b>                        | _____         | _____          | _____            | _____           | _____         |
| <b>Drop Off (Early Dismissal Only)</b> | _____         | _____          | _____            | _____           | _____         |

I authorize the changes requested above.  
 X Signature: \_\_\_\_\_ Date: \_\_\_\_\_