

STUDENT TRANSPORTATION 2019-20

Student Name: _____

Grade: _____

Elementary School: _____

Circle one of the following:

1. My child will be a daily WALKER or CAR RIDER. (Do not complete the rest of this form)
2. My child will stay after school with Innovation Learning. (Do not complete the rest of this form.)
3. My child will ride the bus. (Complete the rest of this form)

-----BUS INFORMATION-----

Name of subdivision/housing addition: _____

Address for morning pick up:

_____ Circle: Home or Daycare

Address for after school drop off:

_____ Circle: Home or Daycare

Parent/Guardian Name: _____

Mom/Guardian cell phone number: _____

Dad/Guardian cell phone number: _____

Emergency contact name/number: _____