

# STUDENT TRANSPORTATION FORM 2018-2019

1. **STUDENT INFORMATION – PLEASE USE ONE FORM PER CHILD – IF YOUR CHILD MAY RIDE THE BUS AT ANY POINT IN THE YEAR THEN THIS FORM MUST BE FILLED OUT TO PLACE THE STUDENT ON A ROUTE. DETAILS CAN BE MODIFIED IN THE FALL IF NEEDED, BUT THIS WILL ALLOW US TO CREATE MORE EFFICIENT ROUTES FOR THE FALL.**

Student Full Name(s):

School Attending 2018-2019:

Grade in 2018-2019:

Telephone Number:

Alternate Number:

Home Address of Student

1<sup>st</sup> Cross street:

2<sup>nd</sup> Cross street:

- My child has the following medical issue that a driver may need to be aware of (If the child carries an epipen, diabetic supplies, an inhaler, etc. then please give details that would assist the driver in an emergency):

## 2. CHECK ANY THAT APPLY

- Our child does not need transportation in 2018-2019. Stop here, please check the box and return this form with your student's name and address filled in at the top.
- Our child needs transportation to and from home only – no other sites in 2018-2019. Stop here, please check the box and return this form with your student's name and address filled in at the top.
- Our child does need transportation to and from home and/or to and from a daycare, Boys and Girls Club or a shared custody site in 2018-2019. Check this box and then fill in the large box below.

## 3. DAYCARE/BOYS AND GIRLS CLUB/SHARED CUSTODY INFORMATION

AM Pick-up address:

Name of responsible adult at this address:

1<sup>st</sup> Cross street:

2<sup>nd</sup> Cross street:

PM Drop-off address:

Name of responsible adult at this address:

1<sup>st</sup> Cross street:

2<sup>nd</sup> Cross street:

- My child has a need for a 2<sup>nd</sup> destination on certain days  
(Two destinations are allowed. If other circumstances arise during the year then contact Everett Jacobs at 460-2447 to request a change in destination.)

Alternate AM Pick-up address:

Name of responsible adult at this address:

1<sup>st</sup> Cross street:

2<sup>nd</sup> Cross street:

Alternate PM Drop-off address:

Name of responsible adult at this address:

1<sup>st</sup> Cross street:

2<sup>nd</sup> Cross street:

Turn over



**4. SUMMARY – IF YOUR CHILD HAS A SCHEDULE THAT VARIES DAILY OR WEEKLY, PLEASE USE THE SPACE BELOW TO DESCRIBE THE EXPECTED PATTERN FOR THEIR TRANSPORTATION SCHEDULE (EX. – MONDAY – PICK UP AT HOME AND DROP OFF AT DAYCARE, TUESDAY – PICK UP AT DAYCARE AND DROP OFF AT HOME...)**

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Monday
Tuesday
Wednesday
Thursday
Friday
Other – Please describe the pattern:

Please submit this form to the Transportation Department, Mark Jaffe Building, 303 Pine St., Essexville, MI by August 10<sup>th</sup> if you intend to have transportation for your child in the fall.