

Boone County Schools

2016-17 Student Transportation Form

School: _____ School Code: _____ School Year: _____

Student Name: _____ D.O.B: _____

Gender: _____ Grade: _____ Student ID: _____ Teacher: _____

Circle One: K = All Day KA = AM Kindergarten KP = PM Kindergarten

(All students will be routed to their home address unless an alternative address is provided.)

Home Address: _____

City/State/Zip: _____

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

NO BUS TRANSPORTATION NEEDED

Car Rider Number _____ Daycare Name and Assigned # _____

DAY CARE TRANSPORTS? YES _____ NO _____

AM TRANSPORTATION ONLY

PM TRANSPORTATION ONLY

AM & PM TRANSPORTATION NEEDED

ALTERNATE PICK-UP AND/OR DROP-OFF LOCATION NEEDED (Must be inside school boundaries)

If using an alternate address please provide the following:

Pick-up Location: _____

Drop-off Location: _____

(Leave this area blank if being transported to home address or no transportation is needed)

Student Bus Information (To be completed by school official)

AM Pick-up Information:

Bus # _____ Stop Location: _____

PM Drop-off Information:

Bus # _____ Stop Location: _____