

Date: \_\_\_\_\_

Bus  Other

# 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 (if K):      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: \_\_\_\_\_

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**NO BUS TRANSPORTATION NEEDED**

Car Rider: Number \_\_\_\_\_  Daycare: Name \_\_\_\_\_

**Schedule:**

Monday thru Friday       Monday       Tuesday       Wednesday       Thursday       Friday

Walker (if student will routinely walk to and/or from school)

Name of escort (if student is in third grade or lower): \_\_\_\_\_

**AM BUS TRANSPORTATION ONLY** (PM Car rider or Daycare)

**PM BUS TRANSPORTATION ONLY** (AM Car rider or Daycare)

**AM & PM BUS TRANSPORTATION NEEDED**

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

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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 bus transportation is needed)**

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### Student Bus Information (To be completed by school official)

AM Pick-up Information:

Bus # \_\_\_\_\_ Stop Location: \_\_\_\_\_

PM Drop-off Information:

Bus # \_\_\_\_\_ Stop Location: \_\_\_\_\_