

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: _____

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- 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)**

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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 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: _____