

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

Bus  Other

# Boone County Schools

## Student Transportation Form

School: Burlington Elementary School Code: 040 T Code \_\_\_\_\_ School Year: 2017-18

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: \_\_\_\_\_

\*Parent/Guardian Signature: \_\_\_\_\_

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**NO BUS TRANSPORTATION NEEDED**

Car Rider: Number \_\_\_\_\_ AND/OR  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 3rd grade or lower): \_\_\_\_\_

**AM BUS TRANSPORTATION ONLY / KP MIDDAY** (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)

**\*Schedule for Car Rider and/or Daycare**

If you mark a box (or boxes) other than "Monday thru Friday" make sure to also mark what your child will do the rest of the week.

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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: \_\_\_\_\_