

## RURAL TRANSPORTATION FORM 2017-2018 SCHOOL YEAR

New student     
  Change     
  Continue Effective Date: \_\_\_\_\_

Student Name	School	Grade	Student ID <small>(completed by staff)</small>

Contact Information	Telephone Numbers
Parent/Guardians Name(s)	Home
	Mother's Cell
Address	Father's Cell
	Mother's Work
	Father's Work

### Before School Pick-up Site

- Requested from my residence.  
 Requested from my childcare provider.

Childcare Provider \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

### After School Drop-off Site

- Requested to my residence.  
 Requested to my childcare provider.

Childcare Provider \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

### For Office Use Only

AM Bus Number \_\_\_\_\_     
 AM Transfer Route: \_\_\_\_\_     
 AM Pick-up Time \_\_\_\_\_  
 PM Bus Number \_\_\_\_\_     
 PM Transfer Route: \_\_\_\_\_     
 PM Pick-up Time \_\_\_\_\_