

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

To School: Bus Number _____

Drop-off Time _____

From School: Bus Number _____

Drop-off Time _____

_____ Lamers

_____ School

_____ Family

_____ List