

## 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  
\_\_\_\_\_ List

\_\_\_\_\_ School

\_\_\_\_\_ Family