

STUDENT TRANSPORTATION INFORMATION

This form must be completed for student to be eligible for school bus transportation.

School _____ Grade _____ Date _____

Student _____ Date of Birth _____ Phone _____

Address _____

AM Pickup location _____ PM Dropoff location _____

Parent Name _____ Parent Signature _____

All information provided is confidential and for official use only

TO BE COMPLETED BY BUS DRIVER AND T.I.M.S. PERSONNEL

Student No. _____

AM Bus # _____ AM Run # _____ New Stop? Yes No Stop # _____ Stop ID # _____

Address of Stop _____

PM Bus # _____ PM Run # _____ New Stop? Yes No Stop # _____ Stop ID # _____

Address of Stop _____

WHITE - Transportation YELLOW - Bus Driver