

School: FUTURE PUBLIC CHARTER SCHOOL

KINDERGARTEN Transportation Form

*****PLEASE PRINT & COMPLETE IN FULL - (ONLY IF TRANSPORTATION IS NEEDED)*****

Brown Bus Company / Phone #: 466-4181 / Fax #: 466-2861

Student ID #: (School Use Only)	
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Student Last Name:		Student First Name:	
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Parent / Guardian Name:			
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PHONE #S:	Home -	Work -	Cell -	Sitter -
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HOME ADDRESS (Must be a street address, not P.O. Box #):

MAILING ADDRESS (If different from Home Address):

PICKUP ADDRESS (if different from Home Address, i.e. Sitter):

DROPOFF ADDRESS (if different from Home Address):

GRADE: KG	AM PM or ALL DAY	SEX: M F	BIRTHDATE:
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STUDENT HAS AN IEP: YES: NO:	IF YES, IS TRANSPORTATION PART OF IT? YES: NO:
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ADDITIONAL INFORMATION:

WHO IS AUTHORIZED TO MEET THE KG STUDENT AT THE BUS STOP (please be specific – names and relationship to student):

NAME:	NAME:	NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:

IS KG STUDENT APPROVED TO GET OFF BUS WITH SIBLINGS, EVEN IF AN AUTHORIZED PERSON IS NOT PRESENT:
YES NO

OTHER CONTACT PERSON(S):	EMERGENCY PHONE #'S:	RELATIONSHIP TO STUDENT:

PARENT / GUARDIAN SIGNATURE

DATE

OFFICE USE ONLY:

BUS #:		REGULAR PICK-UP LOCATION:		PICK-UP TIME:	
BUS #:		REGULAR DROP-OFF LOCATION:		DROP-OFF TIME:	

SCHOOL NOTIFIED BY: _____ DATE: _____ PARENT NOTIFIED BY: _____ DATE: _____

DRIVER NOTIFIED BY: _____ DATE: _____ ROUTE LIST UPDATED BY: _____ DATE: _____

MAP UPDATED (if applicable) BY: _____ DATE: _____