*Transportation Department*

*DUAL TRANSPORTATION*

Please *PRINT* and fill out the appropriate section

Please Allow 24 Hours For Routing To Be Completed.

Principal Approve: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Email to transportation after approved)

Principal Approve: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sender’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Office Use Only

Second Parent Information

Documents

Primary Parent Information

Student Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Student’s Name: |  | Grade: |  |  |
|  | School attending: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | 9 Digit Student ID#: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Primary Parents Name: |  |  |  |  |  |  |
|  |  | Last | First |  |  |  |  |
|  | Address: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Home Phone #: | ( |  | ) |  | Cell Phone #: | ( |  | ) |  |  |
|  |  |  |  |  |  |  |  |
|  | Pick up Bus #: |  | Pick up Time: |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Stop location: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Drop off Bus #: |  | Drop off time: |  |  |  |  |
|  | \*\*Student is only allowed to utilize 1 bus stop AM or PM 5 days a week\*\* |  |
|  | Second Parent Name: |  |  |  |  |  |
|  |  | Last | First |  |  |  |  |
|  | Address: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Home Phone #: | ( |  | ) |  | Cell Phone #: | ( |  | ) |  |  |
|  |  |  |  |  |  |  |  |
|  | Pick up Bus #: |  | Pick up Time: |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Stop location: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Drop off Bus #: |  | Drop off time: |  |  |  |  |
|  | \*\*Student is only allowed to utilize 1 bus stop AM or PM 5 days a week\*\* |  |
|  | Documents on File: |  |  |
|  | Parenting Plan: |  |  |
|  | Notarize Letter: |  |  |
|  | Other: |  |
|  |  |  |  |  |  |  |  |
|  |  |  |

Revised Date 8/2020 th