*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