

*Pre-School Students Shall Be Age 4 By September 15th For School Transportation*

Parent(s) / Guardian(s) Name:			
Residence Address:		City:	
State:		Zip Code:	
Home / Cell Phone #:		Messaging:	
Work Phone #:			

**Emergency Contact Information**

Emergency Contact Name:			
Home / Cell Phone #:		Messaging:	
Work Phone #:			

**Student Names [Include Last Name If Different From Above]**

Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	

**Pick-Up Address**

Pick-Up Address:		Relation:	
Is This A Pick-Up Location On <i>Weather Related</i> Late Start Days?			
If No, <i>Weather Related</i> Pick-Up Address?			

**Drop-Off Address**

Drop-Off Address:		Relation:	
Is This The Drop-Off Location On <i>Planned</i> Early Out Days?			
Is This The Drop-Off Location On <i>Weather Related</i> Early Out Days?			
If No To The Above Questions, Indicate Drop-Off Address:			

**For Kindergarten Parents**

Day Kindergarten Student Will Begin Classes:	
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**TRANSPORTATION USE ONLY**

AM Route:		Driver:	
PM Route:		Driver:	