

Transportation Request Form

Due by May 26th

➡ IMPORTANT: To plan for next year's transportation, we are asking for parents/guardians to complete a transportation form for **each** student. **Please complete in full and return to your child's school office.** **If we do not receive a completed form, your child will be assigned the bus route for your home address of record.** If, over the course of the summer, your transportation needs change, please notify the school office **IN WRITING** two weeks prior to the start of school. Thank you for your continued support in making transportation safe for our students.

Student Name:	2023-2024	Grade Level:
Home Address:		
<u>My child will travel to school:</u>		
<input type="checkbox"/> By bus <input type="checkbox"/> By parent drop-off		
I request that my child be picked up by the bus from:		
Address:	Home <input type="checkbox"/>	Daycare <input type="checkbox"/> Alternate location <input type="checkbox"/>
Phone:		
If alternate location: please print name / contact number and signature of receiving adult at above address:		
Name:		Best Contact Number:
Signature of receiving adult:		
<input type="checkbox"/> Daily <u>OR</u>	Only on the following days: (please circle) M T W TH F	
<u>My child will travel from school:</u>		
<input type="checkbox"/> By bus from school		
Address:	Home <input type="checkbox"/>	Daycare <input type="checkbox"/> Alternate location <input type="checkbox"/>
Phone:		
If alternate location: please print name/contact number and signature of receiving adult at above address:		
Name:		Best Contact Number:
Signature of receiving adult:		
<input type="checkbox"/> Daily <u>OR</u>	Only on the following days: (please circle) M T W TH F	

For Allgrove School and Seymour School Students ONLY

<input type="checkbox"/> I will PICK UP my child from school	
<input type="checkbox"/> I have made arrangements to have my child picked up from school by: _____ (Phone#) _____	
<input type="checkbox"/> Daily <u>OR</u>	Only on the following days: (please circle) M T W TH F

AND/OR

<input type="checkbox"/> My child attends the YMCA Afterschool Program Reminder: Your child must be enrolled in the YMCA and on their list.	
<input type="checkbox"/> Daily <u>OR</u>	Only on the following days: (please circle) M T W TH F

Required for all requests

Parent Name (Print):	Contact Number:
Parent Signature:	Date: