



STUDENT TRANSPORTATION FORM

(Please PRINT. Please complete entire form)

This form must be completed for all students attending Hilltop, Pine Bend, or Salem Hills Elementary.

Student: _____
(Legal Last Name) (Legal First Name) (Middle Initial)

School: _____ **Grade:** _____ **School Year:** _____

Parent: _____
(Legal Last Name) (Legal First Name) (Middle Initial)

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

TRANSPORTATION INFORMATION – please check all appropriate boxes.

Start Date: _____

Daycare – Please note a Verification of Day Care Enrollment Form must also be submitted.

To School: M T W Th F
From School: M T W Th F

Daycare Provider: _____ **Daycare Phone:** _____
(First & Last Name)

Daycare Provider Address: _____
(Street Address)

(City, State, Zip Code)

Home

To School: M T W Th F
From School: M T W Th F

No Transportation

To School: M T W Th F
From School: M T W Th F

I understand it is my responsibility to bring my child to this location and to take my child from this location to my residence. I understand the school district's responsibility will be to transport my child from the daycare/home to school and from school to the daycare/home.

The School Main Office must be notified of any change in this information during the current school year. A new form must be filled out prior to each school year.

Parent/Guardian Signature: _____ **Date:** _____