



## TRANSPORTATION STUDENT INFORMATION FORM

Phone: (269) 684-1420 Fax: (269) 684-9536

DATE FORM COMPLETED: \_\_\_\_\_ COMPLETED BY: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL OF ATTENDANCE: \_\_\_\_\_ DATE DESIRED TO START: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

A.M. ADDRESS: (IF DIFFERENT THAN HOME) \_\_\_\_\_

P.M. ADDRESS: (IF DIFFERENT THAN HOME) \_\_\_\_\_

CHILD CARE PROVIDER NAME: \_\_\_\_\_

CHILD CARE PROVIDER PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

SIGNATURE OF PERSON COMPLETING FORM: \_\_\_\_\_

**Please Note: It may take up to 2 business days from receipt of this form for busing to begin.**

**After completion, this form should be returned to your student's school office.**

### TRANSPORTATION OFFICE USE ONLY

Student I.D. Number \_\_\_\_\_ (to be completed by building secretary)

Route A.M. \_\_\_\_\_ Route P.M. \_\_\_\_\_ Stop Location: \_\_\_\_\_

A.M. Time: \_\_\_\_\_ P.M. Time: \_\_\_\_\_ Processed By: \_\_\_\_\_

Driver Notified: \_\_\_\_\_ Parent Notified: \_\_\_\_\_ School Notified: \_\_\_\_\_ Versatrans Updated: \_\_\_\_\_

Time and Date Request Received: \_\_\_\_\_ Date Will Start: \_\_\_\_\_