

Boone County Schools KINDERGARTEN

Student Transportation Form

School: _____ School Code: _____ T Code _____ Effective Date: _____

Gender: _____ Grade: K Student ID: _____ Teacher: _____

Student Name: _____ D.O.B _____

All students will be routed to their home address unless an alternative address is provided.

Home Address: _____

City/State/Zip: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

BUS TRANSPORTATION NEEDED YES ___ OR NO ___ IF YES, CHOOSE OPTION(S) BELOW

- BUS TRANSPORTATION TO SCHOOL**
- BUS TRANSPORTATION FROM SCHOOL**
- BUS TRANSPORTATION TO & FROM SCHOOL**

ALTERNATIVE PICKUP & DROP OFF LOCATIONS

Per District Policy, students are permitted ONLY 1 AM and 1 PM Drop Off and Pick Up

****NO ALTERNATE DAYS****

ALTERNATE PICK-UP AND/OR DROP-OFF LOCATION NEEDED (Must be inside school boundaries)

If using an alternate address, please provide the following:

Pick-up Location: _____

Drop-off Location: _____

Leave this area blank if being transported to home address or no transportation is needed.

To be Completed by School Official Only

AM Pick-up Information:

Bus # _____ Stop Location: _____

PM Drop-off

Bus # _____ Stop Location: _____