

# Boone County Schools

## 2017-18 Student Transportation Form

School: \_\_\_\_\_ School Code: \_\_\_\_\_ T Code \_\_\_\_\_ School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_ Teacher: \_\_\_\_\_

Circle One:            K = All Day                      KA = AM Kindergarten                      KP = PM Kindergarten

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

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*

- NO BUS TRANSPORTATION NEEDED**  
Car Rider Number \_\_\_\_\_ Daycare Name and Assigned # \_\_\_\_\_
- DAY CARE TRANSPORTS?** YES \_\_\_\_\_ NO \_\_\_\_\_
- AM TRANSPORTATION ONLY**
- PM TRANSPORTATION ONLY**
- AM & PM TRANSPORTATION NEEDED**
- 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)**

\*\*\*\*\*

### Student Bus Information (To be completed by school official)

AM Pick-up Information:

Bus # \_\_\_\_\_ Stop Location: \_\_\_\_\_

PM Drop-off Information:

Bus # \_\_\_\_\_ Stop Location: \_\_\_\_\_