



TRANSPORTATION FORM

(PLEASE PRINT)

Student's Name: _____

Residential Address: _____

Grade: _____ Date of Birth: _____

PLEASE READ:

Please indicate below where the bus is supposed to pick-up and drop-off your child. #1 Address is the primary address, such as your home address. #2 Address is the secondary address.

(For example: if your child goes to daycare after school on Tuesday and Thursday: your home address would be listed as Address #1 and the daycare address is listed for #2. Then place an A in the Pick-up column every day. In the Drop-off column should have an A for M/W/F and B for Tuesday and Thursday.)

#1 Transport Address (A): _____

#2 Transport Address (B): _____

<u>Day</u>	<u>Pick-up AM</u>	<u>Drop-off PM</u>
Monday:	_____	_____
Tuesday:	_____	_____
Wednesday:	_____	_____
Thursday:	_____	_____
Friday:	_____	_____

I give Beecher School District 200U permission to transport my child to and/or from the address(es) listed above on the day(s) indicated:

Parent/Guardian Name (please print)

Parent/Guardian Signature (please print)

Date

OFFICE USE ONLY:

DATE RECEIVED: _____

STAFF INITIALS: _____

TEACHER: _____

BUS ASSIGNMENT: _____

DATE SUBMITTED TO TRANSPORTATION: _____