

Alexander City Schools
Transportation Information
2025-2026

Student Name _____ School _____
Home Address _____ Grade _____
Home Phone _____ Home Room _____

Father's Name _____	Mother's Name _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

Morning Transportation

_____ Parent Rider/Student Driver
_____ Bus Rider

Afternoon Transportation

_____ Parent Rider/Student Driver
_____ Bus Rider
_____ ATB

Pick Up Address _____

Phone # At Pick Up Address _____

Drop Off Address _____

Phone # At Drop Off Address _____

EMERGENCY MEDICAL INFORMATION

Please circle if any of the following applies to your student

Asthma Heart Disease Diabetes Hemophilia Vision Problems Hearing Problems Seizure

If seizures, what type: _____

How often do seizures occur? _____

Action to be taken when seizure occurs _____

Allergies: (please list) _____

Medications: (please list) _____

Other health concerns: (please list) _____

***PLEASE NOTE: ALL INFORMATION ON THIS FORM WILL BE MAINTAINED IN STRICTEST CONFIDENTIALITY**

To Be Completed by the Transportation Department

Morning Assignment

Afternoon Assignment

Decal _____

Decal _____