



2020-2021 School Year Transportation Services Form

Please mark only one choice for AM busing and only one choice for PM busing.

If your student does not need transportation because they are a walker or you will be providing transportation, please check none.

NOTE: If your student is or will be designated as a walker, completing this form will not make them eligible for transportation.

STUDENT NAME	SCHOOL	TRANSPORTATION NEEDED
1. _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NONE
2. _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NONE
3. _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NONE
4. _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NONE
5. _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NONE

If space is needed for additional students, please complete a second form.

Home Address: _____

Requested Alternate Address: _____

PARENT NAME: _____ DATE: _____

NOTE: In order to provide a safe environment for students, school personnel, and contracted personnel, vehicles may be equipped with video/audio monitoring devices.

Face coverings such as a mask or face shield may be required.