

Boone County Schools

2018-19 Student Transportation Form

School: _____ School Code: _____ T Code _____ School Year: _____

Student Name: _____ D.O.B _____

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

Circle One: 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)

ALTERNATIVE ADDRESS

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

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: _____