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# NORTH STAR PUBLIC CHARTER SCHOOL

## Student Transportation Form

**\*\*\*PLEASE PRINT & COMPLETE IN FULL - (ONLY IF TRANSPORTATION IS NEEDED)\*\*\***

<b>IS BUS TRANSPORTATION NEEDED? (circle one)</b>		YES	NO
Student Last Name:		Student First Name:	

Parent / Guardian Name:				
PHONE #=S:	Home -	Work -	Cell -	Sitter -

<b>HOME ADDRESS (Must be a street address, not P.O. Box #):</b>	<b>MAILING ADDRESS (If different from Home Address):</b>
<b>NEAREST CROSSROADS:</b>	

<b>PICKUP ADDRESS (if different from Home Address, i.e. Sitter):</b>	<b>DROPOFF ADDRESS (if different from Home Address, i.e. Sitter):</b>
<b>NEAREST CROSSROADS:</b>	<b>NEAREST CROSSROADS:</b>

<b>GRADE(S):</b>		
<b>SEX:</b>	<b>BIRTH DATE:</b>	<b>ADDITIONAL INFORMATION:</b>
<b>M F</b>		

<b>EMERGENCY PHONE #=S:</b>	<b>CONTACT PERSON:</b>	<b>RELATIONSHIP TO STUDENT:</b>

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY:**

BUS #:		REGULAR PICK-UP LOCATION:		PICK-UP TIME:	
BUS #:		REGULAR DROP-OFF LOCATION:		DROP-OFF TIME:	

SCHOOL NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PARENT NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DRIVER NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ ROUTE LIST UPDATED \_\_\_\_\_ DATE: \_\_\_\_\_

MAP UPDATED (if applicable): \_\_\_\_\_ DATE: \_\_\_\_\_