

School: **NORTH STAR**

Teacher: \_\_\_\_\_

**KINDERGARTEN Transportation Form**

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

**Brown Bus Company / Phone #: 466-4181 / Fax #: 466-2861**

Student ID #: (School Use Only)				
Student Last Name:		Student First Name:		
Parent / Guardian Name:				
PHONE #'S:	Home ( )	Work -	Cell ( )	Sitter -
Email Address(es):				

HOME ADDRESS (Must be a street address, not P.O. Box #):

MAILING ADDRESS (If different from Home Address):


PICKUP ADDRESS (if different from Home Address, i.e. Sitter):

DROPOFF ADDRESS (if different from Home Address):


GRADE: **KG**    **AM**    **PM**    or    **ALL DAY**

SEX: **M**    **F**

BIRTHDATE:

STUDENT HAS AN IEP:    YES:    NO:

IF YES, IS TRANSPORTATION PART OF IT?    YES:    NO:

**ADDITIONAL INFORMATION:**

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**WHO IS AUTHORIZED TO MEET THE KG STUDENT AT THE BUS STOP (4 Only)**

(Please be specific – names and relationship to student, including siblings):

FULL NAME:	FULL NAME:	FULL NAME:	FULL NAME:
RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:

OTHER CONTACT PERSON(S):

EMERGENCY PHONE #'S:

RELATIONSHIP TO STUDENT:


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 BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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