



Phone #: 466-4181

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www.brownbuscompany.com

NORTH STAR PUBLIC CHARTER SCHOOL

Student Transportation Form

New Student	
Returning Student	
Addr Chg only	
Other:	

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

Student Last Name:		Student First Name:	
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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):
NEAREST CROSSROADS:	

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

GRADE(S):		
SEX:	BIRTH DATE:	ADDITIONAL INFORMATION:
M F		

EMERGENCY PHONE #=S:	CONTACT PERSON:	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 _____ DATE: _____

MAP UPDATED (if applicable): _____ DATE: _____