

Phone #: 466-4181

Fax #: 466-2861

www.brownbuscompany.com

NORTH STAR PUBLIC CHARTER SCHOOL

Student Transportation Form

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

r					7					
Student Last Name:				ELONGELOWWA RETURN DOUBLE OWER LONGE	Student First Name:					
1										
Parent /	Guardi	an Name:								
PHONE #=S:		Home -		Work -		Cell -		Sitter -		
Email A	ddress((es):								
HOME A	ADDRI	ESS (Must be a	street address,	LING ADDRESS	S (II diffen	ent from Home Addre	55):			
NEAREST	r cros	SROADS:		nderfor en de en meiste en market i der die Production between der der des						
PICKUP ADDRESS (if different from Home Address, i.e. Sitter): DROPOFF ADDRESS (if different from Home Address, i.e. steep):									er i a Riddam).	
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NEAREST CROSSROADS						NEAREST CROSSROADS:				
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GRADE((S):	.9					-1-3****-			
SEX:	BIF	RTH DATE:	ADDITION	AL INFORMATION:		The state of the s	A STATE OF THE STA			
M F										
EMERGENCY PHONE #=S: CONTACT PE						RSON: RELATIONSHIP TO STUDENT:				
SHEROENCE THORN WED.				00/11/101111	CONTROL LINGUIS.			11013111 10 310	DENT.	
				<u> </u>						
										
PARENT / GUARDIAN SIGNATURE						New Medical Control of the Control o	20% 38 12 to 2014 2.0	DATE		
OFFICE L										
BUS#:		REGULAR PICK-	UP LOCATION:					PICK-UP TIME:		
BUS#:		REGULAR DROI	OFF LOCATION	I:				DROP-OFF TIME:		
CHOOL NO	TŒD	BY:!	DATE:	DATE:						
RIVER NO	TIFIED I	3Y:	DATE:							
ap updat	ED (if a	pplicable):	DATE:	·						

New Student

Returning Student

Addrs Chg only

Other: