NORTH STAR CHARTER SCHOOL

Brown Bus Company: Phone #208-466-4181 Fax #208-466-2861

KINDERGARTEN TRANSPORTATION FORM Date you wish to have transportation begin:										
Is this student	a new bus rid	er, returning (without chang	es) or are there սյ	odates that ne	ed to be made	? Please check th	ne correct box be	low	
New Bus Rider		Returning/No		Address Change/Other						
		· · · · · · · · · · · · · · · · · · ·			T					
Students Last Name:					Students First Name:					
Parent/Gua	rdian Name	e/s:								
Phone #'s:	Home ()		Work ()		Cell ()				
Email Addre	ess(es):									
Home Addr	ess (must be	a street addre	ss, not P.O. Bo	ox)	Mailing Ad	dress (if diffei	ent from Home /	Address)		
Pick up Address (if different than Home Address)						Drop Off Address (if different than Home Address)				
Tick up Aud	iress (ir diller	ent than nom	e Address)		DIOP OII A	uuress (ii uiii	erent than flome	Addressy		
Please circle answers:										
Grade: KG	AM	PM	or	ALL DAY	Sex:	М	F	Birthdate:		
Does this st	udent have	an IEP?	YES	NO	If yes, is tr	ansportation	n a part of IEP	? YES	NO	
WHO IS ALL	THORIZED :	TO MEET TH	IE VG STUDE	ENT AT THE DI	IS STOD /pl	aasa ba saa	rific names ar	nd rolationshi	n to student)	
Name			Name			(please be specific- names and relationship to student) Name				
Relationship			Relationship Relationship							
IS THIS STUDE	NT APPROVED	TO GET OFF T	HE BUS WITH	HIS/HER SIBLINGS	S, EVEN IF AN	<u>l</u> AUTHORIZED P	ERSON IS NOT PF	RESENT? YES O	R NO	
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OTHER CON	HACI PERS	ON(S):	EMERGENCY PHONE #'S:			RELATIONSHIP TO STUDENT:				
Parant/Cuar	udian Cianati					Todaya Data				
Parent/Guardian Signature:						Todays Date	<u> </u>			
OFFICE USE	ONLY:					<u> </u>				
BUS #: Pick-Up Location:					Pick Up Time:					
BUS #:		Drop-Off Location:					Drop Off Time:			
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School Notified By:				Date:		Parent Notified By:				
Driver Notified By:				Date:		Davide Link	Indoted Div			
Map Updated (if applicable) By:				Date:		route List L	Jpdated By:			

