



Phone #: 466-4181

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# NORTH STAR PUBLIC CHARTER SCHOOL

## Student Transportation Form

**\*\*\*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: \_\_\_\_\_

### SCHOOL USE ONLY:

New Student	Returning Student	Addrs Chg Only	Other:
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