

# Liberty Charter School 2016-2017

## Transportation Form



New Student	
Returning Student	
Addr Chg Only	
Other:	

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

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

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):

<b>GRADE</b>	<b>AM 1 2 3 4 5 6 7 8</b> CIRCLE ONE	SEX: M F	BIRTHDATE:
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STUDENT HAS AN IEP: YES: NO:	IF YES, IS TRANSPORTATION PART OF IT? YES: NO:
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<b>ADDITIONAL INFORMATION:</b>

WHO IS **AUTHORIZED** TO MEET THE KG STUDENT AT THE BUS STOP *(please be specific – names and relationship to student):*

NAME:	NAME:	NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:

*Kindergarten Students must be met at the bus door by someone at their stop or accompanied by an older sibling if riding the bus home. If they are not met/or accompanied by an approved person they will be returned to school.*

IS KG STUDENT APPROVED TO GET OFF BUS WITH SIBLINGS, EVEN IF AN AUTHORIZED PERSON IS NOT PRESENT:  
**YES NO**

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: \_\_\_\_\_