

ELEMENTARY STUDENT TRANSPORTATION FORM

SCHOOL YEAR: 2016 — 2017

DATE: _____

SCHOOL: OSWEGATCHIE ELEMENTARY

STUDENT: _____

GRADE FOR 2016-17: K 1 2 3 4 5

HOME ADDRESS: _____

Check here if NEW student

Check here if CHANGE OF ADDRESS

DAYTIME PHONE NUMBER(S): _____

PLEASE
CHECK
ONE

MY CHILD WILL TAKE THE SCHOOL BUS FROM AND TO HOME EVERY DAY.

MY CHILD WILL BE TRANSPORTED AND WILL NOT TAKE THE SCHOOL BUS.

MY CHILD WILL REQUIRE ALTERNATE TRANSPORTATION AS DETAILED BELOW:

OTHER:

(Use other side if needed.)

DAYCARE ARRANGEMENTS

PLEASE NOTE: TRANSPORTATION TO A DAYCARE IS DEFINED AS A CONSISTENT, REGULARLY SCHEDULED ARRANGEMENT BETWEEN PARENTS AND PROVIDER. A TEMPORARY BABYSITTING ARRANGEMENT IS NOT CONSIDERED DAYCARE.

DAYCARE PROVIDER: _____

PROVIDER PHONE: _____

PROVIDER ADDRESS: _____

DAYCARE SCHEDULE: MON TUE WED THR FRI

AM _____

PM _____

BUS COMPANY USE

AM BUS # _____

PICK UP TIME _____

AM STOP LOCATION

PM BUS # _____

DROP OFF TIME _____

PM STOP LOCATION

OPTIONAL PICK UP LIST

The individuals listed below are authorized to pick up my child from school. They have been informed that they will need to provide school personnel with proper identification and will be required to sign out my child upon each pick up. My signature below will serve as permission for Oswegatchie School to release my child to these individuals for the 2016-17 school year only.

Full name

Relationship to child.

Full name

Relationship to child.

Full name

Relationship to child.

Full name

Relationship to child.

PARENT/GUARDIAN SIGNATURE: **X** _____