

7 R G D \ 1 V ' D W H

Student Name: _____ Student ID#: _____

Date of Birth: _____ Current School: _____

Grade: _____ - If student is in PRE-K A.M. P.M.

3 O H D V H F K D Q J H School Bus Transportation as follow:

Requested Begin Date: _____ (please allow 3- EXVLQHVV GD\IURP WRGD

BEFORE School Information: NONE ±I will provide transportation

YES ±I want my student to ride the Special Education bus

Pick-up Address: _____ Telephone: _____

Home address (If NEW home address ±must bring proof of residency to current school)

Child Care Provider - Site Name or Relationship _____

AFTER School Information: NONE ±I will provide transportation

YES ±I want my student to ride the Special Education bus

Drop off Address: _____ Telephone: _____

Home address (If NEW home address ±must bring proof of residency to current school)

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