

ELEMENTARY STUDENT ONLY TRANSPORTATION DATA

STUDENT NAME: _____

TEACHER: _____

PARENT OR GUARDIAN WITH WHOM CHILD LIVES:

TRANSPORTATION (LIST TYPE OF CAR & DRIVER OR BUS)

A.M. _____

P.M. _____

In the event of a school closing or an emergency that would prevent the bus from running its routine route, please list the names of the persons you would like for us to call in the order in which you want them called. Also list their numbers in that order as well. We will make every attempt to notify you of an early school closing.

NAME	PHONE NUMBERS
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

If you KNOW you prefer to pick up him/her instead of his/her riding the bus, please sign below. Your signature on file will indicate to us that you are aware of inclement weather and will not necessarily wait for a call from the school before leaving for school.

name

date