



NEW STUDENT TRANSPORTATION FORM

STUDENT INFORMATION

| | | | | |
|-----------------------------|---|--------------------|-------------------------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| Last Name | First Name | Middle Name | School | Grade |
| _____ | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| Preferred Name | | | | |
| _____ | | | _____ | |
| 911 Physical Address | | | City, State, ZIP | |

PRIMARY PARENT/GUARDIAN

| | | | |
|------------------------------|-------------------|-------------------|-------------------|
| _____ | _____ | _____ | _____ |
| Parent /Guardian Name | Home Phone | Work Phone | Cell Phone |
| _____ | | _____ | |
| Employer | | Email | |

BUS STOP LOCATION(S) REQUEST

Please Note:

1. Students are allowed one (1) stop location for pick-up and one (1) stop for drop-off and these locations may be different.
2. Students are NOT allowed to have multiple pick-up locations and/or drop off locations.
3. Students will be assigned to the nearest designated bus stop to the requested address/location.

Student Will Ride Bus: Mornings Afternoons Both _____ / _____ / _____

Start Date for Transportation

Morning Stop Address _____ **City, State, ZIP** _____

Afternoon Stop Address _____ **City, State, ZIP** _____

PARENT/GUARDIAN SIGNATURE

| | | |
|--------------------------------------|-------------------------------------|-------------|
| X _____ | X _____ | _____ |
| Print Name of Parent/Guardian | Signature of Parent/Guardian | Date |

For Official Use:

Verified by: X _____ Date _____

PCSD Employee **Date**