Transportation Information Sheet

Student Name: __________________________________________________________

Student’s Street Address: ________________________________________________

City: _____________________________ State: _____ Zip: ________

Closest Major Intersection: ______________________________________________

Please circle appropriate option:

- My student will require bus transportation
- My student will not require bus transportation

*** Please note, if a waiting list for bussing occurs and your student does not ride the bus on a regular basis, they will be removed and that seat will be given to a full time bus rider. Please initial that you understand this statement. ________