



**ONLY COMPLETE THIS FORM IF THE STUDENT IS NOT  
BEING PICKED-UP/DROPPED-OFF AT THE PRIMARY RESIDENCE**  
*(please allow 1 week prior notice to process form)*

**PRIMARY RESIDENCE:**

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Dad's Home Phone \_\_\_\_\_ Mom's Home Phone \_\_\_\_\_

Dad's Work Phone \_\_\_\_\_ Mom's Work Phone \_\_\_\_\_

Dad's Cell Phone \_\_\_\_\_ Mom's Cell Phone \_\_\_\_\_

The student will be: picked up \_\_\_\_\_ dropped off \_\_\_\_\_ at the PRIMARY address on the following days  
\_\_\_\_ M. \_\_\_\_ Tue. \_\_\_\_ Wed. \_\_\_\_ Thurs. \_\_\_\_ Fri.

**ALTERNATE PICK-UP/DROP OFF ADDRESS LOCATION:**

Name \_\_\_\_\_ Baby Sitter? \_\_\_\_ Relative? \_\_\_\_ Other \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

The student will be: picked up \_\_\_\_\_ dropped off \_\_\_\_\_ at the ALTERNATE address on the following days  
\_\_\_\_ M. \_\_\_\_ Tue. \_\_\_\_ Wed. \_\_\_\_ Thurs. \_\_\_\_ Fri.

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Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work # \_\_\_\_\_

Relationship \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*Office Use Only\*\*\*\*\*

\_\_\_\_ Approved \_\_\_\_ Denied

Signature: Transportation Department \_\_\_\_\_ Date: \_\_\_\_\_