



Black River Local Schools 2018-2019 Transportation Request Form

Date _____

Date of Birth: _____

Student's Name _____

First

MI

Last

Home Address _____

Home Phone # _____

Cell # _____

Emg # _____

School Of Attendance _____

Grade _____

AM

PM

Medical Alert Driver should know: _____

Parent/Guardian Signature: _____

Morning Transportation - ONLY ONE LOCATION PERMITTED, UNLESS COURT-ORDERED SHARED PARENTING

I will be providing transportation in the AM

My child will attend Latchkey - needs no busing

My child will need busing from our home address in the AM

BUS #

My child will need busing **EVERYDAY** from an alternate address in the AM

Pre-Approved Transportation Request detailed below *** **MUST be approved in advance**

Alternate Address: _____

Child Care Provider: _____

Provider's Name

Phone #

Relationship

Afternoon Transportation - ONLY ONE LOCATION PERMITTED, UNLESS COURT-ORDERED SHARED PARENTING

I will be providing transportation in the PM

My child will attend Latchkey - needs no busing

My child will need busing to our home address in the PM

BUS #

My child will need busing **EVERYDAY** to an alternate address in the PM

Pre-Approved Transportation Request detailed below *** **MUST be approved in advance**

Alternate Address: _____

Child Care Provider: _____

Provider's Name

Phone #

Relationship

Please complete and submit this form selecting the appropriate box for BOTH the AM pickup and PM drop off. One form required for EACH student. Only ONE pickup and ONE drop-off point is permitted per student. Schedule MUST be the same for all school days, unless prior arrangements have been made and approved!!

List any pre-approved transportation requests below:

Transportation Use Only:

Driver notified: _____ Entered into software: _____

Student ID: _____

Parent notified: _____

Initials: _____