



# Black River Local Schools

## 2020-2021 Preschool Transportation Request Form

Date \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student's Name \_\_\_\_\_

First

MI

Last

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell #

Emg #

Class Assignment

(Circle session)

M/W AM

T/TH AM

M-TH AM

M-F 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:**

notified: \_\_\_\_\_ Entered into software: \_\_\_\_\_

Driver

Student ID: \_\_\_\_\_

Parent

notified: \_\_\_\_\_ Initials: \_\_\_\_\_