Black River Local Schools
2020-2021 Transportation Request Form

Date _____ **Date of Birth:** _____

Student's Name _____
First MI Last

Home Address _____

Home Phone # _____ **Cell #** _____ **Emg #** _____

School Of Attendance _____ **Grade** _____

Medical Alert Driver should know: _____ **Parent Email:** _____

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: _____