

PORTA TRANSPORTATION INFORMATION

Please print and provide all information requested.

This information is used to determine your one scheduled pick-up and drop-off point.

Student's Name _____
 Home 911 Address _____

Grade _____ Home Telephone _____ Parent/ Guardian _____
 Riding AM/PM _____ Daytime Telephone _____ Cell Telephone _____

Do you wish to have School Transportation? **Yes** **No** Are you a new student to the district? **Yes** **No**
 If you are not a new student have you moved? **Yes** **No** What was the bus # you rode before moving? _____

Specific directions to your home. Please include the name of the road, street, avenue, color of house, or other landmarks, etc.

Closest Neighbor _____

WHAT IS YOUR CHILD TO DO BEFORE/AFTER SCHOOL?

(Example: Ride bus from home, from a daycare, walk to school, or be dropped off at school)

If your child will be riding to or from a daycare/babysitter please include the name of the provider, 911 address, and contact telephone number.

How is your Child getting to school: _____

How is your Child getting home: _____

Please list brother/sisters:

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>Riding AM/PM</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/ Guardian Signature: _____ Today's Date _____

When would you like bus service to begin? **Minimum of 48-hour notice for transportation office.**

(Updated 5-23-08)



Transportation Office Use:

Bus # _____ AM Time _____

Bus # _____ PM Time _____

Pick up/Drop off location:
