



TRANSPORTATION STUDENT INFORMATION FORM

Phone: (269) 684-1420 Fax: (269) 684-9536

DATE FORM COMPLETED: _____ COMPLETED BY: _____

STUDENT NAME: _____ GRADE: _____

SCHOOL OF ATTENDANCE: _____ DATE DESIRED TO START: _____

HOME ADDRESS: _____

HOME PHONE: _____ OTHER PHONE: _____

PARENT/GUARDIAN NAME: _____

A.M. ADDRESS: (IF DIFFERENT THAN HOME) _____

P.M. ADDRESS: (IF DIFFERENT THAN HOME) _____

CHILD CARE PROVIDER NAME: _____

CHILD CARE PROVIDER PHONE: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

SIGNATURE OF PERSON COMPLETING FORM: _____

Please Note: It may take up to 2 business days from receipt of this form for busing to begin.

After completion, this form should be returned to your student's school office.

TRANSPORTATION OFFICE USE ONLY

Student I.D. Number _____ (to be completed by building secretary)

Route A.M. _____ Route P.M. _____ Stop Location: _____

A.M. Time: _____ P.M. Time: _____ Processed By: _____

Driver Notified: _____ Parent Notified: _____ School Notified: _____ Versatrans Updated: _____

Time and Date Request Received: _____ Date Will Start: _____