



2016 – 2017 Bus Transportation Information 269-548-3890 Fax 548-3895

Student ID # _____ (provided by school building)

School _____ Grade _____ Sex M F

Home Telephone # _____ Father Work # _____
Mother Work # _____

Student Name; _____
Last First Middle

Date of Birth _____ / _____ / _____
Month Day Year

Home Address: _____
Number Street

_____ City State Zip

IF YOU CHOOSE A TRANSPORTATION ADDRESS OUTSIDE OF AN ELEMENTARY ATTENDANCE BOUNDARY, TRANSPORTATION MAY NOT BE AVAILABLE

NOT USING BUS TRANSPORTATION AM _____ PM _____ Both _____

Pick-up Address Transportation will be based upon:

_____ Number Street Apt # City Zip

Drop-off Address Transportation will be based upon:

Same as Above? Yes No If different, please list below:

_____ Number Street Zip

Will you be utilizing AACC? AM _____ PM _____ Both AM and PM. _____

Attending Richland Elementary AACC _____ Kellogg Elementary AACC _____

Emergency Contact: _____
Last First Phone #

Office Use Only

Date _____
Driver: _____ School _____ Parent _____