

Student Transportation Plan 2024-25

Student's First and Last Name: _____

Home address: _____

Name of Parent/Guardian that can be contacted during the day regarding transportation: _____

Home phone #: _____ Cell phone #: _____ Work phone #: _____

Transportation

Check the boxes that are appropriate for your child's transportation.

To School:

- My child will walk to school.
- I will provide transportation to school.
- My child will ride the bus to school from home.
- My child will ride the bus to school from a relative's or sitter's home. **Address:** _____

From School:

- My child will walk home.
- I will pick up my child from school.
- My child will ride the bus to home.
- My child will attend the afterschool program. (Student **MUST** be preregistered to attend)
- My child will ride the bus to a relative or sitter's house. **Address:** _____

Early Dismissal: (in case of an unexpected early dismissal due to power outage or a snowstorm)

- My child will walk home.
- I will pick up my child from school.
- My child will ride the bus to home.
- My child will ride the bus to a relative or sitter's house. **Address:** _____

Short Directions to HOME **ONLY** if transportation is provided by the school: _____

Short directions to parent's office/relative or sitter **ONLY** if transportation is provided by the school: _____

Other drop off site short instructions: _____
