Transportation Coding

(Please complete at school or return to school.   Thank you.)

Student's Name _____

Parent/Guardian Name(s)_____

My child: (please check one)

_____   will NOT ride the school bus (NT)

_____   will ride the school bus OVER 1 mile – MORNING and AFTERNOON (T1)

_____   will ride the school bus UNDER 1 mile – MORNING and AFTERNOON (T2)

_____   will ride the school bus once in the MORNING daily OVER 1 mile (T3)

_____   will ride the school bus once in the AFTERNOON daily OVER 1 mile (T3)

_____   will ride the school bus once in the MORNING daily UNDER 1 mile (T4)

_____   will ride the school bus once in the AFTERNOON daily UNDER 1 mile (T4)

_____   is a handicapped student transported by special bus (T5)

Physical Address of Morning Bus Pick-Up _____

Morning Bus Driver_____

Physical Address of Afternoon Bus Destination _____

Afternoon Bus Driver _____