

Start Date: _____

Bus Symbol: _____



TRANSPORTATION NOTIFICATION

One A.M. pick up location & one P.M. drop off location permitted

Daycare/babysitter must be in your home address geographic placement area

Student Name: _____
Last Name First Name

Home Address: _____
Number Street Name Apt. No. City Zip

Home Phone: _____ **Cell Phone:** _____
Area Code Area Code

Alternative Phone Number: _____
Area Code

Grade: _____ **School:** _____ **Teacher:** _____

Parent/Guardian Signature: _____ **Date:** _____

Before School

Pick Up Address: _____

Contact Name: _____ **Contact Number:** _____
Area Code

After School

Drop Off Address: _____

Contact Name _____ **Contact Number** _____
Area Code

My child will not use transportation: _____ **Walk** _____ **Pick Up** _____ **Drop Off** _____ **Both** _____
From home/daycare At home/daycare Walk/Pick Up/Drop Off

Reason for waiving transportation: _____

First Student Transportation – Linden Community Schools

7201 W. Silver Lake Road - Linden, MI 48451

Phone: (810) 591-0996

Fax: (810) 591-0186

Please Note: You must complete a new transportation form if you change daycare arrangements, move within the district, or decide to transport your child.

Faxed to Building

Date: _____

Faxed to Transportation

Date: _____