

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

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**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:** \_\_\_\_\_