



# Gateway Lab School Transportation



## STUDENT TRANSPORTATION INFORMATION

Please complete the following and add any additional information needed.

**STUDENT NAME** \_\_\_\_\_

**GRADE & TEACHER** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

- MY CHILD WILL:**
- \_\_\_\_\_ Ride the bus both morning and afternoon.
  - \_\_\_\_\_ Ride the bus only in the morning & picked up in the afternoon.
  - \_\_\_\_\_ Ride the bus only in the afternoon & will be dropped off in the morning
  - \_\_\_\_\_ Be dropped off in the morning & picked up in the afternoon (**CAR RIDER**)

**IF CHILD WILL BE RIDING BUS, PLEASE PROVIDE FOLLOWING INFORMATION:**

Bus Route # \_\_\_\_\_

Pick up location: \_\_\_\_\_

Drop of location: \_\_\_\_\_

\_\_\_\_\_ Adult will meet student at bus stop      \_\_\_\_\_ Child permitted to walk home from bus stop

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Alternate Contact Number

Office 302-633-4091

Fax 302-633-5680 (if you fax the form, please call for verification of receipt)