

# TUSCARORA TRANSPORTATION INFORMATION FORM

Route #:		Home Phone:	
Contractor Name:		Cell Phone:	
Contractor Address:		Bus Garage:	
		Do you check your email regularly? <i>Yes or No</i>	
Email Address:		Can you receive text messages? <i>Yes or No</i>	

*(Driver #1, if different from contractor.)*

Driver Name:		Home Phone:	
Driver Address:		Cell Phone:	
		P2T:	
Email Address:		Do you check your email regularly? <i>Yes or No</i>	
		Can you receive text messages? <i>Yes or No</i>	

*(Driver #2, if applicable. i.e., different driver in the p.m. than a.m.)*

Driver Name:		Home Phone:	
Driver Address:		Cell Phone:	
		P2T:	
Email Address:		Do you check your email regularly? <i>Yes or No</i>	
		Can you receive text messages? <i>Yes or No</i>	

Time you leave home to start your route (a.m.):	
Time of first pick up:	
Estimated time of arrival at school – 1 <sup>st</sup> Run <i>(Elementary)</i>	
Estimated time of arrival at school – 2 <sup>nd</sup> Run <i>(Secondary)</i>	
Bus garage arrival time after a.m. run:	

Vehicle Registration # for this Route:			
Vehicle Make & Model #:			
Year of Vehicle:		Vehicle Seating Capacity:	
Vehicle Plate #:			

**Please return to the Transportation office prior to the start of school. Please attach current vehicle registration & Cert. of Insr.**