

**22/23 FORT ANN CENTRAL SCHOOL
TRANSPORTATION INFORMATION FORM**

FORT ANN SCHOOL DISTRICT TRANSPORTATION POLICY

1. Students who are in Kindergarten **MUST** be met by their parent/guardian, if a parent/guardian is not there to meet their child, they will be taken back to school.
2. Transportation information forms must be completed every school year, even if the information is the same as the previous year.
3. Transportation information forms should be completed anytime there is a change in your child's bus route.

NOTE: ANY CHANGES TO BUS ROUTE MUST BE FILLED OUT PRIOR TO THE CHANGE. PLEASE ALLOW FOR 3 TO 5 DAYS FOR PROCESSING.

Today's Date _____ Effective Date _____

Student's Name _____ Grade _____

Parent/Guardian Name _____

Primary Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

PLEASE CHECK IF YOUR CHILD IS A WALKER OR PARENT DROP OFF/PICK UP _____AM _____PM

STUDENT DRIVES SELF _____

AM Alternate Bus Route:

Name Child Care Provider: _____ Phone: _____

Address: _____

Please **circle** which days your child(ren) will be PICKED UP at child care:

MON TUES WED THURS FRI

PM Alternate Bus Route:

Name Child Care Provider: _____ Phone: _____

Address: _____

Please **circle** which days your child(ren) will be DROPPED OFF at child care:

MON TUES WED THURS FRI

Parent/Guardian Signature _____