

BOONE COUNTY SCHOOLS
Student Transportation Form

School: _____ School Code: _____ School Year: _____

Student Name: _____ D.O.B _____

Gender: _____ Grade: _____ Student ID: _____ Teacher: _____

Circle One: K = All Day KA = AM Kindergarten KP = PM Kindergarten

(All students will be routed to their home address unless an alternative address is provided.)

Home Address: _____

City/State/Zip: _____

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

- NO BUS TRANSPORTATION NEEDED**
Car Rider Number _____ Daycare Name and Assigned # _____
- DAY CARE TRANSPORTS?** YES _____ NO _____
- AM TRANSPORTATION ONLY**
- PM TRANSPORTATION ONLY**
- AM & PM TRANSPORTATION NEEDED**
- ALTERNATE PICK-UP AND/OR DROP-OFF LOCATION NEEDED** (Must be inside school boundaries)

If using an alternate address please provide the following:

Pick-up Location: _____

Drop-off Location: _____

(Leave this area blank if being transported to home address or no transportation is needed)

Student Bus Information
(To be completed by school official)

AM Pick-up Information:

Bus # _____ Stop Location: _____

PM Drop-off Information:

Bus # _____ Stop Location: _____