BOONE COUNTY SCHOOLS

Student Transportation Form

School: St. Paul School ~~School Code: _____~~ School Year: 2020-2021

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: _____

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- ☐ **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)

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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)

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Student Bus Information
(To be completed by school official)

AM Pick-up Information:

Bus # _____ Stop Location: _____

PM Drop-off Information:

Bus #_____ Stop Location: _____