

# Boone County Schools

School: \_\_\_\_\_ School Code: \_\_\_\_\_ T Code \_\_\_\_\_ School Year: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

BUS TRANSPORTATION NEEDED YES  OR NO  IF YES, CHOOSE OPTION(S) BELOW

- BUS TRANSPORTATION TO SCHOOL
- BUS TRANSPORTATION FROM SCHOOL
- BUS TRANSPORTATION TO & FROM SCHOOL

## ALTERNATIVE PICKUP & DROP OFF LOCATIONS

**Per District Policy, students are permitted ONLY 1 AM and 1 PM Drop Off and Pick Up  
\*\*NO ALTERNATE DAYS\*\***

**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 Transportation Information To be Completed by School Official Only

### AM Pick-up Information:

Bus # \_\_\_\_\_ Stop Location: \_\_\_\_\_

### PM Drop-off Information:

Bus # \_\_\_\_\_ Stop Location: \_\_\_\_\_

**Car Rider Number \_\_\_\_\_ Daycare Name and Assigned # \_\_\_\_\_**