

# Boone County Schools

## 2024-2025 Student Transportation Form

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 (AM) ONLY**
- BUS TRANSPORTATION FROM SCHOOL (PM) ONLY**
- BUS TRANSPORTATION TO & FROM SCHOOL (AM&PM) \***

**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: \_\_\_\_\_

\_\_\_\_\_

### **Student Transportation Information To be Completed by School Official Only**

#### **AM Pick-up Information:**

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

#### **PM Drop-off Information:**

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

\_\_\_\_\_