

Boone County Schools

2017-18 Student Transportation Form

School: _____ School Code: 410 School Year: 2018-19
Student Name: _____ D.O.B. _____
Gender: _____ Grade: _____

(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: _____

- 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: _____