



Lebanon City Schools Transportation Form

Grades K-8

Grade: _____

School: _____

Student Name: _____ Date of Birth: _____

Home Address: _____
House # Street Name Apt # City Zip

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Start Date: _____ (Date of first bus pick-up and drop off.)

Transportation **TO** school daily (Please select one):

- _____ Student will not require public transportation.
- _____ Student will ride bus to school from home address **daily**.
- _____ Student will ride bus to school from sitter/daycare **daily (specify below)**.

Sitter/Daycare Provider's Name: _____

Sitter/Daycare Provider's Address: _____

Sitter/Daycare Provider's Phone: _____

Transportation **FROM** school daily (Please select one):

- _____ Student will not require public transportation.
- _____ Student will ride bus from school from home address **daily**.
- _____ Student will ride bus from school from sitter/daycare **daily (specify below)**.

Sitter/Daycare Provider's Name: _____

Sitter/Daycare Provider's Address: _____

Sitter/Daycare Provider's Phone: _____

Transportation Use Only	
Student ID # _____	Building: _____
Bus Number/Color: AM: _____	PM: _____
Pick Up Time: _____	Drop Off Time: _____
Pick Up Location: _____	
Drop Off Location: _____	