

REQUEST FOR TWO OR MORE PICK-UP/DROP-OFF LOCATIONS
(Transportation needs are completed online at the time of online registration)
TRANSPORTATION FORM (Kdg. - 8th)
2023-2024 SCHOOL YEAR

BENSON PRIMARY SCHOOL **FRANZEN INTERMEDIATE SCHOOL** **PEACOCK MIDDLE SCHOOL**

PLEASE NOTE: Confirmation for bussing privileges may take up to **two weeks** after your bus form is returned to the school. When registering for bus services **during the school year**, it will take a minimum of 5 (five) days before bus service for your child will begin.

Paying riders: payment (\$225.00 per student) is expected with registration and no stops will be assigned until payment is received.

Student Name: _____ Grade: _____ Student ID: _____

Street Address: _____

City: _____ ZIP: _____ Birthdate: _____

Will ride the bus **TO AND FROM SCHOOL**

Will ride the bus **TO SCHOOL**

Will ride the bus **FROM SCHOOL**

Will **NOT** ride the bus

If requesting more than one stop before or after school please fill out the information below.

Stop 1 - - - home address (bus stop will be assigned nearest to home address -- pick up/drop off)

Stop 2 - - - Alternate care location for before or after school care (within District boundaries)

Please note: The 2 stops requested will be honored all year. **Week to week changes are not allowed.**

AM STOP 1 _____

Circle day(s) that apply Monday Tuesday Wednesday Thursday Friday

AM STOP 2 Alt. Location _____

Circle day(s) that apply Monday Tuesday Wednesday Thursday Friday

PM STOP 1 _____

Circle day(s) that apply Monday Tuesday Wednesday Thursday Friday

PM STOP 2 Alt Location _____

Circle day(s) that apply Monday Tuesday Wednesday Thursday Friday

Cell Ph #: _____ Home Ph #: _____ Work Ph #: _____

Please note all contact numbers provided must include area code – thank you

Required Signature of Parent/Guardian: _____

Please print name: _____ Date: _____

This form will be reviewed and approved by the Transportation Department