



Transportation Form

Lakeshore Public Schools

5771 Cleveland Avenue, Stevensville, MI 49127

Phone: (269)428-1400 **Transportation Dept.:** (269)428-1412

STUDENT INFORMATION

Student's Name: _____

Home Address: _____ Home Phone: _____

Please Note: Parents are to designate only one pickup point and only one drop off point. Infrequent and/or irregular pick up and drop off requests cannot be accommodated. If the need arises for your child to change buses, such as babysitter problems, work schedule changes, etc., you need to send a note to your child's teacher and the school office.

TRANSPORTATION METHOD

My child is a: Car Rider Self-Drive Walker Bus Rider

- AM Only
- PM Only
- BOTH AM and PM

FOR BUS STUDENTS

➤ **A.M.:** My child will be transported from _____ (Address)

This address is: Child's Home
 Caregiver Name: _____ Phone: _____

Daily Monday Tuesday Wednesday Thursday Friday

➤ **P.M.:** My child will return to the address above where he/she was picked up? YES NO

If no: My child should be dropped off at _____ (Address)

This address is: Child's Home
 Caregiver Name: _____ Phone: _____

Daily Monday Tuesday Wednesday Thursday Friday

EMERGENCY CONTACTS (3 Requested)

Name	Relationship to Child	Cell Phone	Work Phone
1.			
2.			
3			

You are responsible for notifying your child's school of any changes in this information.

➤ **Parent/Legal Guardian Signature:** _____ **Date:** _____

FOR TRANSPORTATION OFFICE USE ONLY

Start Date: _____ **Bus No:** _____
Stop Location: _____ **PU Time:** _____ **DO Time:** _____