



# 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: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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