

STUDENT TRANSPORTATION INFORMATION

Mineral Point Unified School District

Kindergarten

****TO BE FILLED OUT BY PARENT/GUARDIAN & RETURNED TO FIRST STUDENT ****

THIS PORTION TO BE FILLED OUT FOR ALL STUDENTS REGARDLESS OF BUSSING NEEDS

K STUDENT NAME(S)	BIRTHDATE	AGE	GRADE
_____	_____	_____	_____
_____	_____	_____	_____

PARENT/GUARDIAN NAME & ADDRESS(ES)

_____	_____
_____	_____
_____	_____

PHONE _____

PHONE _____

CELL _____

CELL _____

EMERGENCY PHONE _____

EMERGENCY PHONE _____

PLEASE CHECK BOX THAT APPLIES TO YOUR FAMILY SITUATION

MY CHILD(REN) WILL NOT NEED BUS TRANSPORTATION.

MY CHILD(REN) WILL NEED BUS TRANSPORTATION.

(IF THIS BOX IS CHECKED PLEASE FILL OUT THE FORM ON THE BACK OF THIS SHEET.)

PRINTED PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE & DATE

THIS PORTION TO BE FILLED OUT FOR ONLY STUDENTS WHO NEED BUSSING

CIRCLE TRANSPORTATION NEEDS AND FILL OUT CORRESPONDING INFORMATION

NEED PICK-UP (BEFORE SCHOOL) YES NO

LOCATION: _____

NEED DROP-OFF (AFTER SCHOOL) YES NO

LOCATION: _____

IF EITHER OF THE ABOVE LOCATIONS IS A DAYCARE ADDRESS PLEASE LIST THE NAME OF THE PROVIDER AND PHONE NUMBER:

PROVIDER NAME: _____ PROVIDER PHONE _____

PLEASE REMEMBER TO CALL FIRST STUDENT (987-3911) WITH ANY CHANGES TO YOUR CHILD(REN)'S DAILY BUS PLANS OR IF THEY WILL NOT BE RIDING ON A PARTICULAR DAY.

PLEASE RETURN THIS FORM TO THE ELEMENTARY OFFICE

BY May 29th