

Clinton Community School District

BUS TRANSPORTATION FORM

Please provide the **LEGAL** name(s) of your students, not nicknames:

DO NOT INCLUDE 4K transportation needs on this form. A separate mailing will go to 4K students.

Child's **LEGAL** Name _____ Grade _____

Child's **LEGAL** Name _____ Grade _____

Child's **LEGAL** Name _____ Grade _____

Child's **LEGAL** Name _____ Grade _____

Home Address:

House Number _____ Street _____ Apt/Lot # _____

City _____ Zip Code _____

Phone Number: _____ - _____ - _____ Name _____

Alternate Phone Number: _____ - _____ - _____ Name _____

NO BUS TRANSPORTATION NEEDED
(Please sign bottom of form and return.)

YES BUS TRANSPORTATION NEEDED
(Please complete the back side of this form and return.)

Students may be transported by school bus to and/or from a child care provider under the following conditions:

- A. Requests for transportation to and/or from school to a child care provider must be made in writing using the Bus Transportation form. A new form is required at the beginning of each school year and for any long-term change made during the school year.
 - 1. Forms should be completed at the beginning of the school year at the time of registration.
 - 2. Registrations occurring following the start of the school year requires the form be received by the Family Enrollment Coordinator, located in Clinton Middle School.
- B. Changes in transportation will be implemented within five (5) working days following receipt of the form with telephone notification being provided.
- C. Changes to information contained within a Transportation Form cannot be performed by telephone. A new form must be completed, signed and submitted to the school office.
- D. Child care providers must be located on a regular established school bus route, and the bus must have vacant seating to accommodate the request, including any requested change in child care locations. School buses will not deviate from established routes to accommodate a child care provider location.
- E. Only two (2) changes of a child care provider will be accepted during any one school year, except in cases when there are extenuating circumstances, and then only with the approval of the Director of Transportation. Each change will require completing a new request form with the school district. Changes may be approved only if the pick up or drop off of the student at the child care provider are on one of the established school bus routes within the District.

Parent/Guardian Name(s) **PLEASE PRINT**: _____

Signature of Parent/Guardian: _____ Date: _____

AM – Morning Route Details:

NO BUS

YES, Bus To School:

M T W Th F

A. FROM our **home address:**

B. FROM an **alternate address:**

M T W Th F

****The alternate AM address is:***

House Number _____ Street _____ Apt/Lot # _____

City _____ Caregiver's Name _____ Relationship _____

Phone Number _____ - _____ - _____ Name _____

Alternate Phone Number _____ - _____ - _____ Name _____

PM – After School Route Details:

NO BUS

YES, Bus FROM School:

M T W Th F

A. TO our **home address:**

B. TO an **alternate address:**

M T W Th F

****The alternate PM address is:***

House Number _____ Street _____ Apt/Lot # _____

City _____ Caregiver's Name _____ Relationship _____

Phone Number _____ - _____ - _____ Name _____

Alternate Phone Number _____ - _____ - _____ Name _____

NOTES:

Received: _____ Date: _____