



Note: PK Students Shall Be Age 4 By
September 15th For School Transportation

Primary Contact Information

Parent(s)/Guardian(s) Name:			
Residence Address:		City:	
State:		Zip Code:	
Home/Cell Phone #		Messaging:	
Work Phone #			

Emergency Contact Information

Contact Name:		Messaging:	
Home/Cell Phone #			
Work Phone #			

Students Names (Include Last Name, if Different From Above)

Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	

Pick-Up Address

Pick-Up address:		Relation:	
Is this a pick-up location on <i>weather related</i> late start days?			
If no, <i>weather related</i> pick-up address?			

Drop-Off Address

Drop-off address:		Relation:	
Is this the drop-off location on <i>planned early out</i> days?			
Is this the drop-off location on <i>weather related early out</i> days?			
If no to the above questions, indicate drop-off address:			

Kindergarten Parents

Day Kindergarten student will begin classes:	
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TRANSPORTATION USE ONLY

AM route:		Driver:	
PM route:		Driver:	