

**BOONE COUNTY SCHOOL'S
Student Transportation Form**

School Name: _____ Code: _____ School Year: _____

Student Name: _____ D.O.B. _____

Gender: _____ Grade: _____

Home Address:

Street Address: _____

City/State/Zip: _____

Parent/Guardian: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact:

Contact Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Alternative pick-up and/or Drop-off location:

* If pick-up and/or drop-off location is other than the home address, complete the following information:
All alternative locations must be within the school boundary. They will be designated as the authorized location for P/U and D/O, with District approval, and not subject to change.

Pick-up Location: _____

Drop-off Location: _____

Parent/Guardian Signature: _____

Student Bus Information

To be completed by school official

AM (pick-up) information:

Bus # _____ Stop Location: _____

PM (drop-off) information:

Bus # _____ Stop Location: _____

This form must be filled out completely and turned into the school office with other enrollment documentation.