

FRANKLIN COUNTY DISTRICT SCHOOL BUS RIDERSHIP REQUEST 2011/2012

START DATE _____ ID# _____

STUDENT'S LEGAL NAME: (NO NICK-NAMES)

LAST NAME _____ FIRST NAME _____ GRADE _____

NO POST OFFICE BOX NUMBER

PRIMARY PHYSICAL ADDRESS

SECONDARY PHYSICAL ADDRESS (Court Order must be attached).

Please sign below if your child will be attending one of our after school programs.

If your child attends The Nest or Project Impact after school program, **Your child will go there every day.** In the event of an emergency, you must make other arrangements.

_____ THE NEST _____ PROJECT IMPACT

All hand written notes (**for emergency only**) must be handed to homeroom teacher before 10:00 a.m. A Bus Pass will be written out from the front office. No notes other than a Bus Pass will be accepted by Bus Driver.

Contact Names & Numbers:

Printed Name & Signature:

Mother's Name: _____ **Signature:** _____

Home: _____ Work: _____ Cell: _____

Father's Name: _____ **Signature:** _____

Home: _____ Work: _____ Cell: _____

Guardian Name(s): _____ **Signature:** _____

Home: _____ Work: _____ Cell: _____

Guardian Name(s): _____ **Signature:** _____

Home: _____ Work: _____ Cell: _____

Transportation Department:

Bus# _____ for Primary address

Bus# _____ for Secondary address

_____ AM Pick-Up

_____ AM Pick-Up

_____ PM Delivery

_____ PM Delivery

Student Medical Needs

Medical Need _____

Parent Name _____

Parent Contact Number:

Home _____ Work _____ Cell _____

List persons for Emergency Contact:

Name _____ Relationship _____

Home _____ Work _____ Cell _____

If your child has an emergency that is a life or death situation
an Ambulance will be called.

Allergies: