

FRANKLIN COUNTY DISTRICT SCHOOL BUS RIDERSHIP REQUEST

SCHOOL YEAR _____ START DATE _____ ID# _____

STUDENT'S LEGAL NAME: (no nick-names)

LAST NAME _____ FIRST NAME _____ GRADE _____

PRIMARY PHYSICAL ADDRESS
(No post office box number)

SECONDARY PHYSICAL ADDRESS
(Court Order must be attached)

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

THE NEST: _____ PROJECT IMPACT _____

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.**

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's Name: _____ Signature: _____

Home: _____ Work: _____ Cell: _____

Guardian's Name: _____ Signature: _____

Home: _____ Work: _____ Cell: _____

*******Transportation Department Use Only*******

Bus# _____ for Primary address
_____ AM Pick-Up
_____ PM Delivery

Bus# _____ for Secondary address
_____ AM Pick-Up
_____ 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 _____

Name _____ Relationship _____

Home _____ Work _____ Cell _____

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

Allergies:

Comments:

