



TRANSPORTATION FORM

**please complete all applicable fields and return to school office*

Student Information

Student Name: _ccc_____ Grade: _____ Date of Birth: _____

_____ Classroom Teacher: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Parent/Guardian Name: _____ Phone Number: _____

Emergency Contact Information

Emergency Contact (1) Name: _____

Emergency Contact (1) Phone Number: _____

Emergency Contact (2) Name: _____

Emergency Contact (2) Phone Number: _____

Emergency Contact (3) Name: _____

Emergency Contact (3) Phone Number: _____

Office Use Only

Bus Color (am) _____ (pm) _____

Student Safety

Mandatory for students in Kindergarten – 3rd Grades Only.

The transportation provider is not legally responsible to insure someone is at the bus stop at the time a student is discharged from the school bus. However, it is best practice to transfer custody of students in the grades K-3 directly to a responsible adult at the bus stop. In practice this means if an authorized adult is not at the bus stop at the scheduled drop off time, the student will not be permitted to exit the bus and will be returned to the bus garage until an authorized adult can be located. Please indicate below if you are requesting your student be met by an authorized adult or allowed to proceed home from the bus stop on their own.

_____ I DO NOT give you permission to leave this student alone at their bus stop. If I am not at the bus stop location, the following individuals may receive my child

Name: _____ Relationship to student:

_____ Name: _____ Relationship to

student: _____ Name: _____ Relationship

to student: _____

_____ I DO give you permission to leave this student alone at their bus stop. I assume total responsibility and will not hold the transportation provider, driver, or Barber Prep responsible for the student's safety after they have been delivered to their assigned bus stop.

Parent/Guardian Name: _____

Signature: _____ Date: _____