

Student Transportation Plan

2025-26

Student's First and Last Name: _____

Home address: _____

Name of Parent/Guardian that can be contacted during the day regarding transportation: _____

Transportation

Check the boxes that are appropriate for your child's transportation.

To School:

☐

My child will walk to school.

☐

I will provide transportation to school.

☐

My child will ride the bus to school from home.

☐

My child will ride the bus to school from a relative's or sitter's home. **Address:** _____

From School:

☐

My child will walk home.

☐

I will pick up my child from school.

☐

My child will ride the bus to home.

☐

My child will attend the afterschool program. (Student **MUST** be preregistered to attend)

☐

My child will ride the bus to another location other than home. (ex: parent's work or relative's home)

Name & Address of other location: _____

Early Dismissal: (in case of an unexpected early dismissal due to power outage or a snowstorm)

☐

My child will walk home.

☐

I will pick up my child from school.

☐

My child will ride the bus to home.

☐

My child will ride the bus to another location other than home. (ex: parent's work or relative's home)

Name & Address of other location: _____

Short Directions to HOME **ONLY** if transportation is provided by the school: _____

Short directions to parent's office/relative or sitter **ONLY** if transportation is provided by the school: _____

Other drop off site short instructions: _____
