



# TRANSPORTATION APPLICATION 2017-2018

*This form is to be used for new enrollees and all student address changes requesting transportation services*

School of Attendance: \_\_\_\_\_ Grade: \_\_\_\_\_

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Phone# \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Transportation Request: AM \_\_\_\_\_ PM \_\_\_\_\_ No Transportation is needed: \_\_\_\_\_

- Please submit a Child Care Transportation Application to request transportation to and/or from your child care provider. (K-6)
- Your child's bus stop may not be the same as it was the previous school year. We will be utilizing hub stops throughout the district.
- Riding the bus is a privilege not a right. I understand that my student must obey the rules at all times while riding the bus and at the bus stop. If the rules are not followed, my student may lose this privilege.

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### District Information – Office Use Only

Date Submitted to Ingham ISD: \_\_\_\_\_ (Fax# 517-676-4295 or email to [transportation@inghamisd.org](mailto:transportation@inghamisd.org))

### Ingham Intermediate – Office Use Only

Qualifies for Transportation Services: Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_

	Bus Stop	Time	Route # & Animal	Dean Trans. Notified
Morning:				
Afternoon:				Parent Notified