

# Frederick County Public Schools

Transportation Form 2016–2017

**RequestDate:** \_\_\_\_\_ **StartDate:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**StudentLN:** \_\_\_\_\_ **StudentFN:** \_\_\_\_\_ **StudentMN:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**HomePhone:** \_\_\_\_\_ **EmergencyPhone:** \_\_\_\_\_ **CellPhone:** \_\_\_\_\_

*Directions: Please fill this form completely and return to your child's school. You must check a box for every day of the week, to and from school. One caregiver per child.*

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Pickup to School</b>					
Home/Walk	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Rec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drop-off from School</b>					
Home/Walk	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Rec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Caregiver Name:</b> _____
<b>Address:</b> _____
<b>City:</b> _____
<b>Phone:</b> _____

**Special Instructions:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Signature of Principal:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.**

**Change Status:**  Approved  Denied

**Home Bus #** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Time AM:** \_\_\_\_\_ **Time PM:** \_\_\_\_\_

**Alternate Bus #** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Time AM:** \_\_\_\_\_ **Time PM:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Transportation Signature:** \_\_\_\_\_ **Key:** \_\_\_\_\_