

**Welcome to DIXIE DISTRICTS SCHOOLS,
we look forward to transporting
your child SAFELY & EFFICIENTLY.**



TRANSPORTATION SERVICES FORM School Yr. 20__ - 20__

Please provide the following student information to help us: ***ONLY ONE STUDENT PER PAGE**

*Full LEGAL NAME of student _____
(As it appears on his/her birth certificate)

Nickname (aka) _____ Date of birth _____

School _____ Grade _____

(911) Address _____ CC / OT Mailing Address _____ CC / OT

PLEASE provide detailed directions to home: *from the school or a landmark (ex. a business, church, highway, etc.)*

Emergency contact info: (MAIN) Home # _____ Cell # _____

Dad Mom G'Parent Other Name _____ # _____

Dad Mom G'Parent Other Name _____ # _____

Dad Mom G'Parent Other Name _____ # _____

Please, use the back of this page to list additional names or #'s and contact the school with any address or phone # changes ASAP.

Rules of transportation:

1. Students must abide by standard bus rules or be subject to suspension of transportation services.
2. Students must be picked up & dropped off at the same stop daily. If there is a temporary change, parents should send a note or call the school, so they can generate a note for the bus driver.
3. Permanent stop changes **MUST** go through the transportation department.
4. Medical allergies or known problems/issues should be reported to the school health clinic ASAP.

Please feel free to contact the transportation department, PJ Hope at 498-6160,
with any questions or concerns you may have now or in the future.

SCHOOL OFFICE, TRANSPORTATION OFFICE, &/or BUS DRIVER USE ONLY (below this point)

- Newly enrolled student as of: _____ / _____ / _____ (date) Sent to TD for information purposes only.
- Need a bus# assigned – student needs to begin riding _____ / _____ / _____ (date)
- TEMP or PERM CHANGE to stop, address, or phone #'s (circle all that apply), as of : _____ / _____ / _____ (date)
- Student assigned to bus # _____ on : _____ / _____ / _____ (date) by: School or Trans. _____ name

BUS DRIVER use ONLY (Initials) _____ turned in info sheet to transportation office : _____ / _____ / _____ (date)

Bus #: _____ (school &/or home) Driver: _____ Phone #: _____

AM Stop # _____ Time _____ AM MORE or LESS than 2 miles (Circle one)

PM Stop # _____ Time _____ PM MORE or LESS than 2 miles (Circle one)

Bus #: _____ (school &/or home) Driver: _____ Phone #: _____

AM Stop # _____ Time _____ AM MORE or LESS than 2 miles (Circle one)

PM Stop # _____ Time _____ PM MORE or LESS than 2 miles (Circle one)