



CARROLLTON
CITY SCHOOLS
THE GOLD STANDARD

BUS TRANSPORTATION FORM

This form will give Carrollton City Schools permission to transport your child. To enable your child to ride the bus to and from school, this form must be completed and returned to your child's school as soon as possible. Please complete one form for each child.

(Office use only) Student's ID#: _____

(Office use only) Date Code: _____

(Please Print)

Student's Full Name: _____

(Last)

(First)

(Middle)

Grade: _____ Gender: _____ Social Security Number: _____

Home Street Address: _____

(Number)

(Street Name)

(Zip)

(Apt#)

Do you request morning bus pick-up? Yes No

Morning bus stop location if different from home address:

(Number) (Street Name) (Zip) (Apt#)

Do you request afternoon bus drop-off? Yes No

Afternoon bus stop location if different from home address:

(Number) (Street Name) (Zip) (Apt#)

These are pick-up and delivery addresses that your child will use unless written changes are sent to the school and signed by the parent/guardian.

The parent/guardian is responsible for having the child at the appropriate bus stop in the morning and for being there on time in the afternoon to receive the child.

I give permission for the above- named child to be transported by Carrollton City Schools.

Parent/Guardian name (print): _____

Signature: _____ Date: _____

Home Phone #: _____ Emergency Phone #: _____