

Victory Charter School 2016-2017

Transportation Form



PLEASE PRINT & COMPLETE IN FULL - (ONLY IF TRANSPORTATION IS NEEDED)

Brown Bus Company / Phone #: 466-4181 / Fax #: 466-2861

Student Last Name:		Student First Name:	
Parent / Guardian Name:			
PHONE #'S:	Home ()	Work -	Cell () Sitter -
Email Address(es):	Foreign Exchange Student: Y N		

HOME ADDRESS (Must be a street address, not P.O. Box #):

MAILING ADDRESS (If different from Home Address):

PICKUP ADDRESS (if different from Home Address, i.e. Sitter):

DROPOFF ADDRESS (if different from Home Address):

GRADE:	1 2 3 4 5 6 7 8 9 10 11 12 (Circle One)	SEX: M F BIRTHDATE:

STUDENT HAS AN IEP: YES: NO:

IF YES, IS TRANSPORTATION PART OF IT? YES: NO:

ADDITIONAL INFORMATION:

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OTHER CONTACT PERSON(S):

EMERGENCY PHONE:

RELATIONSHIP TO STUDENT:

PARENT / GUARDIAN SIGNATURE

DATE

OFFICE USE ONLY:

BUS #:		REGULAR PICK-UP LOCATION:		PICK-UP TIME:	
BUS #:		REGULAR DROP-OFF LOCATION:		DROP-OFF TIME:	

SCHOOL NOTIFIED BY: _____ DATE: _____ PARENT NOTIFIED BY: _____ DATE: _____

DRIVER NOTIFIED BY: _____ DATE: _____ ROUTE LIST UPDATED BY: _____ DATE: _____

MAP UPDATED (if applicable) BY: _____ DATE: _____