

FRUITPORT COMMUNITY SCHOOLS TRANSPORTATION FORM

Attention Parent/Guardian: Please renew this form each year so that we have the most up to date information for your students. All information from the previous year will be deleted.

Return completed form for each student by the last day of school.

New Enrollee **Change of Address** **Change of stop location** **New School Year**

Student First Name: _____ Last Name: _____ MI: _____

School: _____ Grade: _____ Gender: _____

Home Address: _____ City: _____ Zip: _____

Parent/Guardian: _____ Parent/Guardian: _____

Cell Phone: _____ Work Phone: _____ Cell Phone: _____ Work Phone: _____

Morning Pick Up Location: (circle one) **HOME** **ALTERNATE SITE** **NO TRANSPORTATION**

Alternate Site Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____

Afternoon Drop-Off Location: (circle one) **HOME** **ALTERNATE SITE** **NO TRANSPORTATION**

Alternate Site Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____

Half Day Drop-Off Location: (circle one) **HOME** **ALTERNATE SITE** **NO TRANSPORTATION**

Alternate Site Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____

To help us assist students, please indicate any behavior/health/allergy concerns and actions to be taken. Use back if needed:

Transportation Information: There will be **no major changes** to bus stops or bus routes from July through October. This time is needed to establish bus stops, times, and to effectively communicate any changes to parents and students. You may obtain and return a Student Transportation form from the school office, bus driver, transportation office or district website. If you have any questions, call the Transportation Office at 231-865-3196, select option 1.

Parent/Guardian Signature _____ Date _____

For Transportation Office Use Only: *Initiation Date:* _____
Return Call Made By: _____ *Spoke With:* _____ *Date:* _____

Transfinder Sent to School Copy to Driver Notified Parent Printed Copy of Route