



## Madison-Plains Student Transportation Form 2018-2019

Student Name: <small>*only one student per form please*</small>	Grade:
<b>HOME</b> Address:	
City:	Zip:
<b><u>Please list parent/guardian contact information:</u></b>	
Name:	Phone #:
Name:	Phone #:

**Please complete the appropriate spaces below for the transportation needs of your child for the 2018-19 school year.**

**Please note:** If your child will ride the bus to or from an address *other than home*, alternate addresses must be within the district. Routes will not be extended to accommodate alternate addresses.

**~\*\* Transportation must remain the same from one week to the next. \*\*~**

<b>AM</b> Transportation needed: YES or NO
Address student is to be picked up in <b>AM</b> :
<b>PM</b> Transportation needed: YES or NO
Address student is to be dropped off in <b>PM</b> :

**EFFECTIVE DATE REQUESTED:** \_\_\_\_\_

Please allow up to **3 days** for transportation to be set up.

A note or phone call is required in order to change transportation arrangements for any student.  
**Temporary changes will be considered for emergency situations only.** All changes by phone need to be made by no later than 12:00pm.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Checklist <u>BEFORE</u> transportation is approved: (OFFICE PURPOSES)	
Transportation form complete, signed & dated	
Emergency form for bus	
Driver notified	
School notified of bus number/times	
Entered into Routing	