Colchester Public School Transportation Form for the 2019-2020 School Year

*Attention Parents/Guardians of Grades 3, 4 & 5 students, please read below:
I consent to allow my student to be dropped off unattended. (check yes or no): ___ yes ___ no

Colchester Public Schools Policy: Students in Grades K – 2 must have a parent/adult present at the bus stop in order to be let off the bus.

Name of Student: ____________________________ Grade: _____ Date: ______

Home Address: ____________________________________________________________ Phone: __________

**PRIMARY BUS:** This is the primary location where the student will be picked up and dropped off

**MORNING:**
☐ Every day or select days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Name of Location: ____________________________________________ Phone #: __________

Location Address (if different from home address): ____________________________________________________________

**AFTERNOON:**
☐ Every day or select days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Name of Location: ____________________________________________ Phone #: __________

Location Address (if different from home address): ____________________________________________________________

**SECONDARY (Daycare) BUS:** Only fill out this info if your student travels to a secondary location.

**MORNING:**
☐ Every day or select days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Name of Location: ____________________________________________ Phone: __________

Location Address: ____________________________________________________________

**AFTERNOON:**
☐ Every day or select days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Name of Location: ____________________________________________ Phone #: __________

Location Address: ____________________________________________________________

**PARENT/GUARDIAN TRANSPORT:** If you will be transporting your student to and/or from school on specific days on a PERMANENT basis, please check applicable days below.

**AM Drop off:**  ☐ Every day or select days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

**PM Pick up:** ☐ Every day or select days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please list all people by name who will be picking up your student (including yourself):
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

This form will allow two consistent bus stops solely for daycare due to parent/guardians’ employment or continuing education. Students will not be assigned to more than a total of two buses. Transportation forms will be valid for one school year providing that all requirements are continuously met.

I have read the guidelines regarding Daycare Transportation and agree to follow the policy:

Parent/Guardian Signature: ____________________________ Date: __________ Effective date: __________

Office Use Only:
Received by: __________________ Approved ______ Denied ______ Sent to Director of Educational Operations ______ Sent to Bus Company
Revised AT 08 28/19