

Lebanon City Schools Transportation Form Grades PK-12

					Grade:	
					School:	
Student Name:				Date of		
Home Addres				_		
	House #	Street	Name	Apt#	City	Zip
Parent/Guard	lian:			Home F	Phone:	
Cell Phone:			Work Phone:	_		
Start Date:		(Date of	first bus pickup and drop off			
Fransportation T	O school daily (Please s	select one):				
	(Student will not require publ	ic transportat	ion	
_			Student will ride bus to scho	ol from home	address daily	
_			Student will ride bus to scho	ol from sitter/	daycare daily (sp	pecify below)
	Sitter/Daycare Provider's	s Name:				
:	Sitter/Daycare Provider's	s Address:				
	Sitter/Daycare Provider's Sitter/Daycare Provider's	_				
:	Sitter/Daycare Provider's	s Phone: -)·			
:	•	s Phone: -): Student will not require publ	ic transportati	ion	
:	Sitter/Daycare Provider's	s Phone: -				
:	Sitter/Daycare Provider's	s Phone: -	Student will not require publ	chool to home	address daily	pecify below)
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Fransportation F	Sitter/Daycare Provider's	s Phone:	Student will not require publ Student will ride bus from so	chool to home	address daily	pecify below)
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