



# Lebanon City Schools Transportation Form Grades PK-12

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

House #	Street Name	Apt#	City	Zip
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Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ (Date of first bus pickup and drop off)

Transportation TO school daily (Please select one):

- \_\_\_\_\_ Student will not require public transportation
- \_\_\_\_\_ Student will ride bus to school from home address daily
- \_\_\_\_\_ Student will ride bus to school from sitter/daycare daily (specify below)

Sitter/Daycare Provider's Name: \_\_\_\_\_

Sitter/Daycare Provider's Address: \_\_\_\_\_

Sitter/Daycare Provider's Phone: \_\_\_\_\_

Transportation FROM school daily (Please select one):

- \_\_\_\_\_ Student will not require public transportation
- \_\_\_\_\_ Student will ride bus from school to home address daily
- \_\_\_\_\_ Student will ride bus from school to sitter/daycare daily (specify below)

Sitter/Daycare Provider's Name: \_\_\_\_\_

Sitter/Daycare Provider's Address: \_\_\_\_\_

Sitter/Daycare Provider's Phone: \_\_\_\_\_

Transportation Use Only

Student ID: \_\_\_\_\_

Building: \_\_\_\_\_

Bus #/Color AM: \_\_\_\_\_

Bus #/Color PM: \_\_\_\_\_

Pick Up Time: \_\_\_\_\_

Drop Off Time: \_\_\_\_\_

Pick Up Location: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_