

# Idaho Arts Charter School

## Transportation Form



New Student	
Returning Student	
Addr Chg Only	
Other:	

\*\*\*PLEASE PRINT & COMPLETE IN FULL - (ONLY IF TRANSPORTATION IS NEEDED)\*\*\*

Brown Bus Company / Phone #: 466-4181 / Fax #: 466-2861

Student Last Name:		Student First Name:	
Parent / Guardian Name:			
PHONE #'S:	Home ( )	Work -	Cell ( ) Sitter -
Email Address(es):	Foreign Exchange Student: Y N		

HOME ADDRESS (Must be a street address, not P.O. Box #):

MAILING ADDRESS (If different from Home Address):


PICKUP ADDRESS (if different from Home Address, i.e. Sitter):

DROPOFF ADDRESS (if different from Home Address):

Grade: <b>(Circle One) 1 2 3 4 5 6 7 8 9 10 11 12</b>	SEX: M F BIRTHDATE:
STUDENT HAS AN IEP: YES NO	IF YES, IS TRANSPORTATION PART OF IT? YES NO
<b>ADDITIONAL INFORMATION:</b>	

OTHER CONTACT PERSON(S):

EMERGENCY PHONE #'S:

RELATIONSHIP TO STUDENT:


PARENT / GUARDIAN SIGNATURE

DATE

### OFFICE USE ONLY:

BUS #:		REGULAR PICK-UP LOCATION:		PICK-UP TIME:	
BUS #:		REGULAR DROP-OFF LOCATION:		DROP-OFF TIME:	

SCHOOL NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PARENT NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DRIVER NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ ROUTE LIST UPDATED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

MAP UPDATED (if applicable) BY: \_\_\_\_\_ DATE: \_\_\_\_\_