

Idaho Arts Charter School

KINDERGARTEN Transportation Form



New Student	
Returning Student	
Adrs 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):			

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: KG	Option: AM Option: PM	SEX: M F	BIRTHDATE:
STUDENT HAS AN IEP: YES NO	IF YES, IS TRANSPORTATION PART OF IT? YES NO		

ADDITIONAL INFORMATION:

WHO IS **AUTHORIZED** TO MEET THE KG STUDENT AT THE BUS STOP *(please be specific – names and relationship to student):*

NAME:	NAME:	NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:

IS KG STUDENT APPROVED TO GET OFF BUS WITH SIBLINGS, EVEN IF AN AUTHORIZED PERSON IS NOT PRESENT:
YES NO

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: _____