

2024-2025 Student Transportation Information

This form must be completed for EACH child and returned to school on the FIRST DAY OF SCHOOL, August 21, 2024

Student Name: _____ Grade _____

During this school year, my child will be a:

Bus rider on _____
(School District Bus and Number)

Car rider

LINX

Walker

Bike Rider

Please list person(s) who have permission to transport your child at dismissal:

Name Relationship

Name Relationship

If a change to the mode of transportation is necessary, please send written consent.

Parent Name (Print) _____

Parent Signature _____

Parent Daytime Phone _____