Grapeview School
"W'orking together to engage and inspire!"

## TRANSPORTATION FORM

| Current Address | City |  | State | Zip |
| :--- | :--- | :--- | :--- | :---: | :---: |
| Parent Name: | Phone Number: | Email: |  |  |
| Student Name: |  | Student Grade: | Riding Bus (Y/N) |  |

Even if your child will NOT be riding the school bus this year, please sign and return this form to the office.
The children above will ride the: $\square$ AM BUS $\square$ PM BUS
Students in grades K - 3 are not permitted to get off the school bus without a parent/guardian/pre-approved adult or older sibling waiting for them at their assigned stop. If an approved individual is not there, the student will be brought back to school for parent pick up. Please clearly state your plans for after school drop off below. Include name(s) of babysitters, older siblings, friends or neighbors who have your permission to pick up your child in your absence. Thank you.

Parent Signature $\qquad$ Date $\qquad$

## For Office Use Only

Office Received $\qquad$ Copy to Transportation $\qquad$ Email Family $\qquad$

Bus \# Assigned $\qquad$ Driver $\qquad$ Pick Up Time $\qquad$ Drop Off Time $\qquad$ Stop\# $\qquad$

