



# GALLATIN COUNTY SCHOOLS

## Student Transportation

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade Level \_\_\_\_\_

Student # \_\_\_\_\_ First Day Student Will Ride Bus \_\_\_\_\_ AM or PM (circle one)

### TRANSPORTATION TO SCHOOL

\_\_\_ will provide own transportation to school  
\_\_\_ will ride bus everyday or occasionally (circle one) to school from \_\_\_\_\_

House Number and Name of Street \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_ Special Assistance Transportation Required (T5) OR \_\_\_\_\_

(Please Check One of the following.) Childcare Provider and Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_ This is less than one mile from school.  
\_\_\_ This is more than one mile from school.

Person responsible for this child at this address: \_\_\_\_\_

For Office Use Only: AM Bus No. \_\_\_\_\_

### TRANSPORTATION HOME FROM SCHOOL

\_\_\_ will provide own transportation home from school  
\_\_\_ will ride bus everyday or occasionally (circle one) from school to \_\_\_\_\_

House Number and Name of Street \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_ Special Assistance Transportation Required (T5) Or \_\_\_\_\_

(Please Check One of the following.) Childcare Provider and Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_ This is less than one mile from school.  
\_\_\_ This is more than one mile from school.

Person responsible for this child at this address: \_\_\_\_\_

For Office Use Only: PM Bus No. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Date \_\_\_\_\_