

Please write the student's grade by their attendance center.

AES (Grade) _____ AMS (Grade) _____ AHS (Grade) _____ AAS-Academy (Grade) _____ ALC (Grade) _____

Only Preschool/Pre-K: Age: _____ AM or PM ACES (Grade) _____ TRINITY (Grade) _____ M.H.M.A. (Grade) _____

(FIRST AND LAST)

Student's name: _____ Student's birth date: _____

(A separate form must be completed for each child requesting to ride a U.S.D. 409 school bus)

MM/DD/YYYY

(FIRST AND LAST)

Parent/Guardian's name(s): _____

Only names listed here will be allowed to make changes to this child's bus route.

Home address* No P.O. box numbers: _____ *Where this student is currently residing

Phone # 1) _____ Phone # 2) _____

E-mail Address _____

Write this student's pick up and drop off address below:

Before school pick up address (No P.O. box) _____

This address is... Home Sitter/Day Care Relative Other NO bus service needed before school

After school drop off address (No P.O. box) _____

This address is... Home Sitter/Day Care Relative Other NO bus service needed after school

All students will have only one designated pick up and drop off point. Students signed up for bus transportation will ONLY be allowed to ride from their designated pick up point and/or to their designated drop off point.

409 Staff ONLY - circle Speech / A.T. / Target / Work Study / Other
Class begins (time): _____ Class location: circle AES-P AES-I AMS AHS AAS ACCA
Class ends _____ NEKTC (list site location) _____
Additional information: _____
This student will ride the bus daily (M - F) OR only: MON TUES WED THUR FRI

FOR SERVICE CENTER OFFICE USE ONLY
BEFORE CLASS PICK UP BEFORE CLASS DROP OFF
Pick up _____ Drop off point: AES-P AES-I AMS AHS AAS ACCA ALC NEKTC
Pick up _____ Drop off time: _____
Driver's Name: _____ Bus Number: _____
Pick up point: AES-P AES-I AMS AHS AAS ACCA ALC NEKTC Drop off point: _____
Pick up _____ Drop off time: _____
Driver's Name: _____ Bus Number: _____
This student will begin riding MON TUES WED THUR FRI MM/DD/YY