



*Transportation For Kindergarten Students*

**School:** \_\_\_\_\_ **AM:** \_\_\_\_\_ **PM:** \_\_\_\_\_

**Students Name / School Id Number :** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Full Day** circle one: Yes or No **School Hours:** \_\_\_\_\_  
**Half Day** circle one: Yes or No

**Home Address:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**PU Address:** \_\_\_\_\_

**DP Address:** \_\_\_\_\_

**Parent(s) Name(s)** \_\_\_\_\_

**Phone numbers:** \_\_\_\_\_

**Who will be meeting this Student at the Bus Stop?** (Please list ALL persons authorized to meet Student at the Bus Stop)

**Name of sibling that rides same bus home if applies:** (Is this sibling authorized to walk student home from the Bus Stop?) **Yes or No**

\_\_\_\_\_

**Please email completed form to:** Lisa Stickney at: [lstickney@amphi.com](mailto:lstickney@amphi.com)

**Transportation Dispatch Office Lisa Stickney ext. 3782**

*for office use only*

**Bus AM Number:** \_\_\_\_\_ **PU Time:** \_\_\_\_\_

**Bus PM Number** \_\_\_\_\_ **DP Time:** \_\_\_\_\_ **EO Bus:** \_\_\_\_\_

\_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Date School Notified:** \_\_\_\_\_

\_\_\_\_\_ **Emailed:** \_\_\_\_\_