

**SCHS, SCMS, SCES
TRANSPORTATION REQUEST
2016-2017 SCHOOL YEAR**

Parent's/Guardian's Name _____

Date _____

Phone Number _____ **Address** _____

NAMES of children who will ride the bus:

_____ **Grade** _____

_____ **Grade** _____

_____ **Grade** _____

_____ **Grade** _____

_____ **Grade** _____

_____ **Grade** _____

EXACT location from your home to school of attendance:
(Example: 5 miles north, 1 mile west, ½ mile south)

EXACT number of miles from your home to school of attendance _____

Have ridden bus from this location previously

New bus student this year

Pre-school student this year

Kindergarten Student

Kinder-prep student this year

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**SEVERE STORM CONSENT FORM
FOR CHILDREN WHO RIDE THE BUS WE ARE REQUESTING
THE FOLLOWING INFORMATION. IN THE EVENT OF A
SEVERE STORM THIS WILL GIVE US ASSISTANCE IN LEAVING
YOUR CHILD IN A SAFE PLACE. PLEASE COMPLETE AND
RETURN THIS FORM TO YOUR CHILD'S ATTENDANCE
CENTER.**

CHILD'S NAME _____

PARENT'S NAME _____

ADDRESS _____

PHONE _____

BUS NUMBER _____

DRIVER'S NAME _____

CHILD'S ALTERNATE LOCATION

NAME _____

ADDRESS _____

PHONE _____

PARENT'S SIGNATURE

DATE

Note: If possible, alternate drop-off location of students attending school in Scott City should be located in Scott City because of probability that buses could not run to rural locations.