Kalkaska Public Schools

Anastasia Weatherholt, Transportation Coordinator

Transportation Request

This form must be completed **BEFORE** transportation can begin. Parents or guardians are required to notify the local transportation department immediately regarding any changes. Please allow up to three (3) days after receipt of this form by the local transportation department for service to start.

Student & General Information

Date: _____Student: _____

Address: _____City, State, Zip:_____

Home Phone: _____DOB: _____Age: _____

Parent Name: _____ Attending School: _____

Pick-up & Drop-off Information

**Must be a SINGLE pick-up/drop-off address. Multiple addresses will be parent/guardian responsibility.*

*Pick-up Address: _____ Zip: _____

*Drop-off Address: _____ Zip: _____

Attendance Days (Check all that apply)

	M	T	W	TH	F	ALL
Full Days	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

	M	T	W	TH	F	AM	PM
Half Days	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

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Emergency Contacts

Contact 1

Name: _____

Phone: (home) _____ (cell) _____

Address: _____ Zip: _____

Relationship: _____

Contact 2

Name: _____

Phone: (home) _____ (cell) _____

Address: _____ Zip: _____

Relationship: _____