

4K ONLY TRANSPORTATION REQUEST FORM

2025-2026 SCHOOL YEAR

(this form must be completed annually)

☐ New

☐ Change

☐ Effective Date:

STUDENT INFORMATION	
Student(s) Name:	Grade: 4K
Parent/Guardians Name(s)	Parent/Guardian Cell #
	Parent/Guardian Cell #
Home Address	Parent/Guardian Work #
	Parent/Guardian Work #
Daycare Address	Daycare Phone #

EMERGENCY INFORMATION	
Emergency Contact #1	Phone Number
Emergency Contact #2	Phone Number
Emergency Contact #3	Phone Number

Note: New Requests and Changes must be submitted with a minimum 3-day notice.

BEFORE SCHOOL PICK-UP		
<input type="checkbox"/> Requested from my residence if located at least 2 miles from school, within school district boundaries and on a designated route.	Notes:	
<input type="checkbox"/> Requested from courtesy stop at the corner of 3 rd and Main St		
For office use only:		
AM Route Assigned:	AM Miles:	Estimated Pick Up Time:

AFTER SCHOOL DROP-OFF		
<input type="checkbox"/> Requested to my residence	Notes:	
<input type="checkbox"/> Requested to my daycare		
For office use only:		
PM Route Assigned:	PM Miles:	Estimated Drop Off Time:

Parent Signature

Date