

# CROCKETT COUNTY SCHOOLS TRANSPORTATION DEPARTMENT

## Student Information

Please Print Legibly

NAME \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle

HOME ADDRESS \_\_\_\_\_ Zip \_\_\_\_\_  
Street City

MAILING ADDRESS \_\_\_\_\_  
(If different from above)

SCHOOL ATTENDING \_\_\_\_\_

## TRANSPORTATION INFORMATION

\_\_\_\_\_ No bus transportation Reason: \_\_\_\_\_ Drive \_\_\_\_\_ Walk \_\_\_\_\_ Parent Transport

Do you ever ride a bus? If yes, bus # \_\_\_\_\_

Will your child ride to or from an alternate location other than their home address? If yes, please provide address for this location.

MORNING STOP LOCATION: \_\_\_\_\_ No transportation needed \_\_\_\_\_ Home

ALTERNATE ADDRESS \_\_\_\_\_  
(If this is a child care facility, include name, address and telephone no. of facility)

AFTERNOON STOP LOCATION: \_\_\_\_\_ No transportation needed \_\_\_\_\_ Home

ALTERNATE ADDRESS \_\_\_\_\_  
(If this is a child care facility, include name, address and telephone no. of facility)

Bus Transfer Location \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_