

Parents: Complete this form only if you chose to participate in tutoring services.

**Teachers: Please return form to the front office with the Enrollment Form**

Taylor County School District  
Title I After-School Tutoring **2019-2020**

***TRANSPORTATION INFORMATION***

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Extra Emergency Contact (Name & Relationship): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does your child have any allergies that we should know about (food, medicine, insects, etc.)?

Yes  No      If Yes, please list: \_\_\_\_\_

***Would you like for your child to receive bus transportation each day after tutoring sessions? (Check one item below)***

\_\_\_\_\_ YES - My Child Needs Transportation

\_\_\_\_\_ NO - Someone Will Be Picking Up My Child from Tutoring

**If you checked YES, please fill out the following information completely:**

Where do you need your child transported each day after tutoring sessions? (**CHECK ONLY ONE**). ***All information must be completed.***

\_\_\_\_\_ Home

\_\_\_\_\_ Family/Friend's Home (List person's name \_\_\_\_\_)

\_\_\_\_\_ Business (List business name \_\_\_\_\_)

\_\_\_\_\_ Club or Community Establishment (List place \_\_\_\_\_)

\_\_\_\_\_ Physical address where student will be taken each day

\_\_\_\_\_ City

\_\_\_\_\_ Zip Code

