

CROCKETT COUNTY SCHOOLS
TRANSPORTATION DEPARTMENT

Student Information

Please Print Legibly

NAME _____ Grade _____
Last First Middle

HOME ADDRESS _____
Street City Zip

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 _____