

# Peace Valley Charter School

Transportation Form



208-466-4181 / www.brownbuscompany.com



New Student	
Returning Student	
Address Chg Only	
Other:	

**\*\*PLEASE PRINT & COMPLETE IN FULL - (ONLY IF TRANSPORTATION IS NEEDED)\*\***

Student Last Name:		Student First Name:	
Parent / Guardian Name:			
PHONE #'S:	Home ( )	Work -	Cell ( ) Sitter -
Email Address(es):			
HOME ADDRESS (Must be a street address, not P.O. Box #):		MAILING ADDRESS (If different from Home Address):	
PICKUP ADDRESS (if different from Home Address, i.e. Sitter):		DROPOFF ADDRESS (if different from Home Address):	
GRADE:	<b>KG 1 2 3 4 5 6 7 8</b> (Circle one)	SEX: M F	BIRTHDATE:
STUDENT HAS AN IEP: YES: NO:		IF YES, IS TRANSPORTATION PART OF IT? YES: NO:	
<b>ADDITIONAL INFORMATION:</b>			

WHO IS **AUTHORIZED** TO MEET THE KG STUDENT AT THE BUS STOP *(please be specific – names and relationship to student)*:

FULL NAME:	FULL NAME:	FULL NAME:	FULL NAME:
RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:
<i>NOTE: Kindergarten Students must be met at the bus door, by someone at their stop or accompanied by an older sibling if riding the bus home. If they are not met/or accompanied by an approved person, they will be returned to school.</i>			

OTHER CONTACT PERSON(S):	EMERGENCY PHONE #'S:	RELATIONSHIP TO STUDENT:

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TRANSPORTATION OFFICE USE ONLY:**

BUS #:	REGULAR PICK-UP LOCATION:	PICK-UP TIME:
BUS #:	REGULAR DROP-OFF LOCATION:	DROP-OFF TIME:

SCHOOL NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PARENT NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 DRIVER NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ ROUTE LIST UPDATED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 MAP UPDATED (if applicable) BY: \_\_\_\_\_ DATE: \_\_\_\_\_