

# DOLTON SCHOOL DISTRICT 149

## STUDENT TRANSPORTATION INFORMATION

---

Please circle your child's school and complete the information below:

**BV   CMB   CS   DKM   NBLA   CCA   STEM   SOFA**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Phone #'s \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Work) (Cell)

Father's Name \_\_\_\_\_

Father's Phone #'s \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Work) (Cell)

Morning Transportation: *(circle one)*

Walk      School Bus      Parent Drop-off      Daycare Drop-off

Afternoon Transportation: *(circle one)*

Walk      School Bus      Parent Pick-up      Daycare Pick-up

*For School Bus Riders Only:* Bus Number # \_\_\_\_\_

Street Address of the Bus Stop \_\_\_\_\_

*For Day Care Drop-off's and Pick-up's Only:*

\_\_\_\_\_ ( ) \_\_\_\_\_  
(Day Care Provider's Name)      (Day Care Address)      (Phone Number)

**Additional siblings/family members that attend the school :**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:** \_\_\_ Original \_\_\_ Updated on \_\_\_/\_\_\_/\_\_\_