

**BENZIE COUNTY CENTRAL SCHOOLS TRANSPORTATION REQUEST**

**All** information below must be **completed** and received by the Transportation Department **prior** to service being provided. The Director of Transportation will check your address for a safe, legal bus stop and contact you **within three school days** with your route number and pick-up/drop-off times.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Phones: Home; \_\_\_\_\_ Work; \_\_\_\_\_ Cell; \_\_\_\_\_

Email: \_\_\_\_\_

Pick-up/Drop-off address: (if different) \_\_\_\_\_

Mother Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**On the lines below please list emergency contacts.**

It is very important that we are supplied with at least one alternate contact name and/or number, particularly for elementary students.

Name: \_\_\_\_\_

Relation to child/family: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to child/family: \_\_\_\_\_ Phone: \_\_\_\_\_

If there is any further information (i.e. medical, allergies, etc.) you feel we should be aware of, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR ELEMENTARY STUDENTS ONLY - We will not drop your child off at a location unless there is adult supervision. Please see Transportation Guidelines.**

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_