

Please fill out the following information:

All Students must complete and return or forward to Transportation Dept

### BUS RIDERSHIP DECLARATION

LO BGCT PM PROGRAM

Date

**STUDENT INFO**

Name

Grade

Date of Birth

Gender M  F

School

Home Address

Lot/Apt

Zip

Home Phone#--Land line if available

**PARENT - GUARDIAN - OTHER CONTACTS**

1 Name Relationship Cell# Work# Home#

2 Name Relationship Cell# Work# Home#

3 Name Relationship Cell# Work# Home#

**BUSING INFO**

AM (select one==>)  Will ride from Home  Will NOT ride  Will ride from Other Address (if grade Kg-8)

Pickup

Other Pickup Address (N/A for Gr 9-12)

PM (select one==>)  Will ride to Home  Will NOT ride  Will ride to Other Address (if grade Kg-8)

Dropoff

Other Dropoff Address (N/A for Gr 9-12)

Grade 7-12 out-of-district students are not eligible for bussing.

for Office use:

Grade Kg-6 out-of-district and in-district transfer students are eligible for bussing on a space-available basis only.

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