



Gobles Public Schools Transportation Information Form

Date: _____ <input type="checkbox"/> NEW Request <input type="checkbox"/> CHANGE Request <input type="checkbox"/> Pick Up/ Drop Off Information <input type="checkbox"/> Student Drop-Off Release	<p style="text-align: center; margin: 0;">Office Use Only</p> Home/Primary Address Bus Number _____ Alternate Address Bus Number _____ <input type="checkbox"/> Entered Into Infinite Campus Comments: _____
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Please print and fill out this form completely. **Complete one form for each student.** Students may not change bus stops without notification of approval from the Transportation Department. Request for additional pick up and drop off stops beyond home and alternate will be addressed on a case by case basis. Final approval will be made by the Director of Business & Operations.

Student Name: _____ Student Grade _____

Home/Primary Address: _____

Alternate Pick Up/Drop Off Address: _____

Parent/Legal Guardian Day Time Phone Number(s) _____

Alternate Caregivers Day Time Phone Number(s) _____

CHECK IF REQUESTING ALL TRANSPORTATION SERVICES REVERT TO HOME/PRIMARY ADDRESS

CIRCLE DAYS AND TIME TO BE DROPPED AT **ALTERNATE ADDRESS**
NON MARKED DAYS WILL INDICATE HOME/PRIMARY ADDRESS

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

The following criteria will be used to allow transportation from address other then resident address.

- The alternate address must be within the school district boundaries
- The desired alternate bus route cannot be within 10% of load capacity
- Transportation eligibility is determined by the student's resident address

I authorize my child to be picked up/dropped off at the stops designated in this document.

_____/_____
 Parent/Legal Guardian Signature Print Name Date

Student Drop-Off Release Grade 1-5		
I authorize Gobles Public Schools and the Gobles Transportation Department to release my child at the regularly scheduled drop off location(s) if I am not present. I understand that this is contrary to the schools general operating procedures and I take full responsibility for my child. This notice will be valid until the Operations Office receives written notice to the contrary. Please note this does not include kindergarten students. We must see an adult for all kindergarten students.		
_____/_____	_____/_____	_____/_____
Parent/Legal Guardian Signature(s)	Print Name	Date