



Gobles Public Schools Transportation Information Form

Date: _____ <input type="checkbox"/> New Request <input type="checkbox"/> CHANGE Request	Home / Primary Address Bus# _____ Alternate Address Bus # _____ <p style="text-align: center; font-weight: bold; font-size: 1.2em;">2016 - 2017</p>
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Please print and fill out this form completely. 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 Transportation Supervisor.

Student Name	Student Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Home/Primary Address: _____

Name of Parent/Legal Guardian Day Time: _____ Phone#: _____

Alternate Pick Up/Drop Off Address: _____

Name of Alternate Caregiver Day Time: _____ Phone#: _____

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 than 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 and 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 Transportations 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 Transportation 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