



# 2019 - 2020

## Gobles Public Schools Transportation Form

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 Director of Transportation. All special drop offs will be handled through, written notification, to the appropriate school secretary. **Please fill this form out completely and return to school even if transportation is not needed.**

**Student**

**19-20**

**Allergy Y/N**

Name	Grade		Food	Med	Spec

Changes needed from previous year: Y / N

Transportation Needed: Y / N (please circle one)

Home/Primary Address: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Assigned by School  
Bus #: \_\_\_\_\_

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

Name of Alternate Caregiver: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Assigned by School  
Bus #: \_\_\_\_\_

***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      Grades 1-5 only

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, We must see an adult for all kindergarten and GSRP students.**

\_\_\_\_\_  
Parent / Legal Guardian Signature(s)      Print Name      Date

**CIRCLE DAYS AND TIME TO BE DROPPED AT THE ALTERNATE ADDRESS  
 NON-MARKED DAYS WILL INDICATE HOME/PRIMARY ADDRESS. A NOTE MUST BE SENT WITH STUDENT  
 FROM HOME INDICATING A CHANGE.**

<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>
<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>
<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>

**ALT. DROP OFF INSTRUCTIONS**

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<b>Name</b>	<b>Allergy</b>

<b>Name</b>	<b>Special Needs</b>

<b>Name</b>	<b>Food Allergy</b>