

**Bay City Public Schools Transportation Department
STUDENT TRANSPORTATION/DAYCARE/SHARED-CUSTODY FORM**

PLEASE USE ONE FORM PER CHILD!

Student Name _____ **2010-11** School Attending _____

Last, First

Telephone No. _____ Alt. Phone No. _____ **2010-11** Grade _____

Home Address of Student _____

(No.) (N.S.E.W.) (Street) (St. Rd. Dr. Cir. Ave. Ln., etc.) (City) (Zip)

1st Cross Street _____ 2nd Cross Street _____

- Our child does not need transportation in 2010-2011. Stop here, please check the box and return this form with your student's name/address at the top as indicated.**
- Our child needs transportation to & from HOME ONLY - no other sites in 2010-2011. Stop here, please check the box and return this form with your student's name/address at the top as indicated.**
- Our child does not need transportation to & from HOME, only from following DayCare/Shared-Custody Sites in 2010-2011.**
- Our child needs transportation to or from HOME and also from following DayCare Shared-Custody Sites in 2010-2011.**
 - School of Choice (Out of District) / Building of Choice (Other than home school)**
Please complete entire form.
Dispatch Office will review your requests & provide transportation as allowed within their guidelines
 - Gifted & Talented Program**
Please complete entire form.
Dispatch Office will review your requests & provide transportation as allowed within their guidelines.
 - Special Education, Wenona Alternative Center**
Please complete entire form.
These programs are programs of need and bussing is provided. If however, a program of need is offered in two locations and a parent opts for a choice that involves additional transportation, bussing will not be provided.

DAYCARE/SHARED-CUSTODY INFORMATION

AM Pick-up Address (for DayCare/Sitter/Shared -Custody (name/phone): _____):

(No.) (N.S.E.W.) (Street) (St. Rd. Dr. Cir. Ave. Ln., etc.) (City) (Zip)

1st Cross Street _____ 2nd Cross Street _____

PM Take-home Address (for DayCare/Sitter/Shared -Custody (name/phone): _____):

(No.) (N.S.E.W.) (Street) (St. Rd. Dr. Cir. Ave. Ln., etc.) (City) (Zip)

1st Cross Street _____ 2nd Cross Street _____

Your signature on this completed form and returned to us indicates your understanding and agreement of the Transportation Policy.

(Parent/Guardian's Signature)

(Date)

Please return form to: Bay City Public Schools, Transportation Dept., 480 Midland Road, Bay City, MI 48706