

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

PLEASE USE ONE FORM PER CHILD!

Student Name _____ **2017-18** School Attending _____

Telephone No. _____ Alt. Phone No. _____ **2017-18** 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 _____

CHECK ANY THAT APPLY:

- Our child *does not need* transportation in 2017-2018. 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 2017-2018. 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 Day Care/Shared-Custody Sites in 2017-2018.**
- Our child *needs* transportation to or from HOME and also from following Day Care Shared-Custody Sites in 2017-2018.**
- 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**
Please complete entire form.
Bussing is provided for this program of need. If however, a program is offered in two locations and a parent opts for a choice that involves additional transportation, bussing will not be provided.
- Wenona Alternative Center**
Please complete entire form.
Dispatch will review your requests & provide transportation as allowed within their guidelines.

DAYCARE/SHARED-CUSTODY INFORMATION

AM Pick-up Address (for Day Care/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 Day Care/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