## DALLAS ELEMENTARY DISTRICT #327 TRANSPORTATION FORM

| Student Name:  |  |                       |                                |                           |                  |
|--|--|-----------------------|--------------------------------|---------------------------|------------------|
| Home Address:  | Phone:                                 |                       |                                |                           |                  |
| Will your child ride the school bus to   | school? YES                            | NO                    | (circle one)                   |                           |                  |
| Will your child ride the bus after scho  | ool? YES                               | NO                    | (circle one)                   |                           | ,                |
| What days of the week will your child  | l ride the bus? (c                     | ircle one             | ) .                            |                           |                  |
| EVERYD   | AY SPECIFIC                            | C DAYS                | (list days belo                | w) <sub>.</sub>           | -                |
|  |  |                       |                                |                           |                  |
| Will your child be picked up and drop  | ped off at home?                       | YES                   | NO* (cire                      | cle one)                  |                  |
| *If you circled NO above, please give s<br>picked up at home in the morning but    | specific instruction dropped off at Su | n for the<br>Inbeam a | bus driver. E                  | xample: My (              | child will be    |
| Read and initial the following:  |  |                       |                                |                           |                  |
| Due to buses being full, st  | udents may not ri                      | de the b              | us home with                   | friends on a d            | lifferent route. |
| I have received a copy of t  | he bus/transport                       | ation rul             | es.                            | •                         |                  |
| I will ensure my child und   | erstands and foll                      | ows the 1             | ules.                          |                           |                  |
| I understand my child may  | y not get to ride tl                   | ne bus if             | he/she misbe                   | haves while r             | iding the bus.   |
| If your child will not be riding the bus<br>the morning so they know not to stop a |  | contact tl            | ne driver the e                | vening before             | e or early in    |
| The bus driver will contact you the wee<br>ride, the name and number of the drive  | ek prior to school<br>er and approxima | starting<br>te pick u | to advise you<br>p and drop of | of the bus you<br>f time. | ur child will    |
| Paront / Local Guardian Signature  |  |                       |                                | Date:                     |                  |