

Laurens County School District Student Transportation Information

*****Please return completed form to your Bus Driver.*****

School Year: 2017-2018

(List all bus riders in your household)

	<i>Gender</i>	<i>School</i>	<i>Grade</i>	
Student's Name:				Age: _____
Student's Name:				Age: _____
Student's Name:				Age: _____
Student's Name:				Age: _____
Student's Name:				Age: _____

Bus #: _____ Bus Driver's Name: _____

Parent/Guardian's Name: _____

Home Address: _____

Telephone #: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

HOME TO SCHOOL TRANSPORTATION

Will your child ride the school bus to school from home? _____ Yes _____ No

Will your child be a car rider in the a.m.? _____ Yes _____ No

If your child will be picked up from a alternate location in the a.m., please complete below:

Name/Facility: _____

Address: _____

Telephone #: _____

SCHOOL TO HOME TRANSPORTATION

Will your child ride the school bus from school to home? _____ Yes _____ No

Will your child be a car rider in the p.m.? _____ Yes _____ No

If your child will be dropped off at a alternate location in the p.m., please complete below:

Name/Facility: _____

Address: _____

Telephone #: _____

Parent/Guardian's Signature: _____

Date: _____