## Transportation Request for Special Education Specialty Pre-School Bus Dickson County Board of Education, Transportation Department 113 Sylvis Rd. Dickson, Tn. 37055 Phone # 615-740-5970

Dear Parent or Guardian,

In order to provide your child with Pre-school transportation, he or she must be assigned to a bus. Please complete the form below and return it to the driver/Transportation as soon as possible.

BUS # AM	<b>BUS # MID-DA</b>	Y	BUS # PM
CHILD'S NAME:			
FII	RST	MIDDLE	LAST
CHILD'S: SCHOOL:	GRADE:	AGE:	DATE OF BIRTH:
HOME ADDRESS:		PED	
*NO POST OFFICE BOX	<b>A WILL BE ACCEPT</b>	LED	
ADDRESS OF STOP IF N	NOT THE HOME AI	DDRESS	
CHILD WILL RIDE: Child attends morning or First day Transportation i Days of week, child will no Mon. Tues. Wed. Thurs. H Mon. Tues. Wed. Thurs. H Does child require a Car S	afternoon class? Circ is needed: eed Transportation: ( Fri. mornings only M Fri. both	cle one please circle tho on. Tues. Wed. 7	182 1100
PARENT OR GUARDIA	N NAME:	2 0	
PARENT'S HOME PHO	NE NUMBER:	EME	RGENCY NUMBER:
EMERGENCY CONTAC ***Does child have any sp If so list here and		r should be awar	
	OULT at this location	to receive your o	off location to get your child off t child. Transportation Safety 3400 s.
3.		4	
By signing below you have	assigned to Special Ed	ducation Special	rd policy, Transportation Safety ty Buses. Any exception from this
PARENT OR GUARDIA *If you have any question Dept. (740-5970)	s about your bus, ple		-
<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
STOP # AM	STOP # MID-DA	AY	STOP # PM
APPROX. PICKUP TIME	AP	PROX. DROP OI	FF TIME