

**TRANSPORTATION REQUEST FOR REGULAR ED. SCHOOL BUS
DICKSON COUNTY BOARD OF EDUCATION/TRANSPORTATION DEPARTMENT
113 SYLVIS RD., DICKSON, TN. 37055
PHONE # 615-740-5970**

DEAR PARENTS OR GUARDIANS,

IN ORDER TO PROVIDE YOUR CHILD WITH BUS TRANSPORTATION, HE OR SHE MUST BE ASSIGNED TO A BUS. THEY CAN ONLY BE ASSIGNED TO ONE BUS AND TRANSPORTED TO AND FROM THE SAME LOCATION. PLEASE COMPLETE THE FORM BELOW AND RETURN IT TO THE BUS DRIVER WITHIN THE FIRST WEEK OF RIDING. YOUR CHILD'S RIDING PRIVILEGES WILL BE REVOKED IF THIS PASS IS NOT RETURNED. PLEASE COMPLETE THIS FORM IN INK AND PRINT ONLY. ONE STUDENT PER FORM

ROUTE BUS # _____ TRANSFER BUS _____

CHILD'S NAME: _____
FIRST MIDDLE LAST

CHILD'S: SCHOOL: _____ GRADE: _____ AGE: _____ DATE OF BIRTH: _____

*NO POST OFFICE BOX WILL BE ACCEPTED

HOME ADDRESS: _____

ADDRESS OF STOP IF NOT THE HOME ADDRESS _____

CHILD WILL RIDE: MORNINGS ONLY _____ AFTERNOONS ONLY: _____ BOTH: _____

PARENT OR GUARDIAN NAME: _____

HOME PHONE NUMBER: _____ EMERGENCY NUMBER: _____

EMERGENCY CONTACT NAME: _____ PHONE NUMBER: _____

NAME OF PERSON OR PERSONS BESIDES PARENT OR GUARDIAN THAT CAN GET THE STUDENT OFF THE BUS.

NAME: _____ NAME: _____

*** ANY MEDICAL CONDITION THE BUS DRIVER SHOULD BE AWARE OF _____

BY SIGNING BELOW YOU THE PARENT OR GUARDIAN HAVE READ AND INSTRUCTED ALL BUS CONDUCT RULES STATED IN YOUR CHILD'S STUDENT HANDBOOK AND PROVIDED BY YOUR BUS DRIVER.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

*If you do not know what bus your child will ride or you have any questions please contact Melissa at the Transportation Dept. (740-5970)

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THIS SECTION TO BE MUST BE COMPLETED BY THE BUS DRIVER ONLY:

STOP # AM _____ STOP # PM _____

PLEASE CIRCLE ONE FOR EACH IF APPLIES 1ST RUN OR 2ND RUN AM 1ST RUN OR 2ND RUN PM

APPROX. PICKUP TIME _____ APPROX. DROP OFF TIME _____