Student ID # _____

Office use only

RSD 13 Student Transportation Form

(This form must be completed, signed and returned for every child)

Your child's safety is extremely important to us. You are permitted a **maximum** of two (2) pick-up and two (2) drop-off locations. To ensure that your child gets picked up and dropped off at the proper locations, please complete, sign and return this form to your child's school.

School in 2024-25: **Strong Middle School** Grade in 2024-25:_____

Child's Name:_____ Telephone:_____

Home Address:_____ Zip:_____

❒	My child will not need transportation for SY 2024-25
❒	My child will only be picked up and dropped off at a bus stop that is at or close to his/her home address as it is recorded with RSD 13. **If alternate stops are necessary please complete the form below.**

GRADES 4 & 5 ONLY: If no adult is at the stop to meet my 4th or 5th grader, I authorize the following procedure:

❒	**I allow my child to be left at the BUS STOP. I have made arrangements for his/her safety.**	❒	**RETURN my child to school to be picked up there.**

AM

Primary Address		Monday	❒
	Name:	Tuesday	❒
	Address:	Wednesday	❒
	Town:	Thursday	❒
	Phone:	Friday	❒
Alternate Address		Monday	❒
	Name:	Tuesday	❒
	Address:	Wednesday	❒
	Town:	Thursday	❒
	Phone:	Friday	❒

Parent Transportation	Monday	❒
	Tuesday	❒
	Wednesday	❒
	Thursday	❒
	Friday	❒

PM

Primary Address		Monday	❒
	Name:	Tuesday	❒
	Address:	Wednesday	❒
	Town:	Thursday	❒
	Phone:	Friday	❒
Alternate Address		Monday	❒
	Name:	Tuesday	❒
	Address:	Wednesday	❒
	Town:	Thursday	❒
	Phone:	Friday	❒

Parent Transportation	Monday	❒	Picked-up By:
	Tuesday	❒	Picked-up By:
	Wednesday	❒	Picked-up By:
	Thursday	❒	Picked-up By:
	Friday	❒	Picked-up By:

I understand that if this schedule changes in any way, I must notify my child's school in writing. Requests for new or changed bus stops must be made in writing to the school administration a minimum of one week in advance.

_____ If change, date effective

_____ Parent Signature

_____ Date