

Shelby City Schools - Student Transportation Request

Today's Date: _____

Busing Request: AM _____ PM _____

Demographic Information:

Student 1	Name:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gr:
Student 2	Name:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gr:
Student 3	Name:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gr:
Student 4	Name:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gr:

Home Address: _____

Attending School: _____

Parent/Guardian Information:

Parent/Guardian 1:	Parent/Guardian 2:
Name:	Name:
Relationship:	Relationship:
Phone: Home: Work: Cell:	Phone: Home: Work: Cell:

Information child's driver should be advised of, such as any medical conditions, severe allergies:

Pick up address: _____

List your home address again or you may choose a different address for your child to be picked up and/or dropped off.

*******Some stops in town are considered group stops. We will determine which stop is closest to your child's pick-up or drop off address.**

Pick Up Contact info:	Name:
	Home Phone: Cell:
	Relationship:

Drop Off address: _____

List your home address again or you may choose a different address for your child to be picked up and/or dropped off.

*******Some stops in town are considered group stops. We will determine which stop is closest to your child's pick-up or drop off address.**

Drop off Contact info:	Name:
	Home Phone: Cell:
	Relationship:

Parent/Guardian Signature

Date

Name: _____ Male: _____ Female: _____
(Last) (First) (Middle) (Grade / School Year)

School
Picture

Office

Birthdate _____ Birthplace City _____ Mother's Maiden Name _____

Last 4 digits of Social Security _____ Student's Complete Address _____

City _____ State _____ Zip Code _____

↓ Please Read ↓

IMPORTANT- PLEASE LIST ALL INFORMATION FOR THE PARENTS/GUARDIANS

Father/Guardian -Relationship _____

Mother /Guardian -Relationship _____

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

Employed by: _____

Employed by: _____

Work Phone/Work hours: _____

Work Phone/Work hours: _____

- **Ethnic Background****
(Please circle one)
- Black/African American
 - White
 - Native Hawaiian or Pacific Islander
 - American Indian or Native Alaskan
 - Asian
 - Hispanic/Latino
 - Multi Racial

If you do not live with student please list your name and address: _____

If there are custody papers, please make sure that the school has a copy of them. Please mark the following:

Name: _____ Custodial / Residential Parent _____ Shared Parenting _____

If there are any custodial restrictions the school must have a copy of them.

If this student has a parent who is deceased, please provide relationship and date of death

Emergency contact information for those listed above: (students are only released to people listed on this card w/o a contact from a custodial parent/guardian)

Name: _____

Name: _____

Relationship to Student: _____

Relationship to Student: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone/Work hours: _____

Work Phone/Work hours: _____

Facts concerning the child's medical history including allergies and any physical impairments that would limit his/her physical activity or any condition to which school personnel, emergency responders or physicians should be alerted to in case of an emergency:

Medications taken daily: _____

Please check one of the two statements below: In the event reasonable attempts to contact me have been unsuccessful,

I hereby give my consent for school personnel to call 911 and (1) to administer any treatment deemed necessary by _____ (preferred doctor) at _____ (phone); _____ (preferred dentist) at _____ (phone) if the preferred practitioner is not available, by another licensed physician or dentist; and (2) to transfer the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concur there is a necessity for such surgery, are obtained prior to the performance of such surgery.

I DO NOT GIVE CONSENT for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following actions: _____

I give consent to exchange and / or release medical information with the appropriate medical and school personnel.

(Parent/Guardian Signature)

(Date)