

# 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: <span style="float: right;">Cell:</span>
	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: <span style="float: right;">Cell:</span>
	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)