New Student Change Update INFORMATION	FREMONT PUBLIC SCHOOLS Department of Transportation 616 Lake Dr. Fremont, MI 49412			AM Bus #
Student #1:   Student #2:   Student #3:   Student #3:   Student #3:   Student #4:   Student #5:			Grade: Grade: Grade: Grade: Grade:	
Parent / Guardian: Home Phone: Cell Phone:		Home Phone: _ Cell Phone: _		
Please indicate and emergency conta This person will be contacted to pick up y unavailable. Name:	act.			
Phone #:				
A.M. BUSSING INFORMATION				
Will your child need A.M. bussing?		Yes:		No:
Will you child be picked up at their ho	me address:	Yes:		No: If No, continue
Pick Up Address if other than home: Name of Person/Organization at this	address:		Phone #:	
P.M. BUSSING INFORMATION				
Will your child need P.M. bussing?		Yes:		No:
Will you child be dropped off at their I	nome address:	Yes:		No: If No, continue
Drop Off Address if other than home:				
Name of Person/Organization at this	address:		Phone #:	
Note: This form will be used by the Bus Garage to determine transportation arrangements for you child for the school year. In accordance with the Fremont School Board Policy a student may only ride his/her assigned but to/from school. Any and all changes must be received in writing and approved by the Director of Transportation prior to the change.				
Parent/Guardian Signature:			D	ate:
Bus Garage Telephone: 231/924-4390 Bus Garage Fax: 231/924-1077				

Please print or email this completed form to Transportation Director Chris Howell at chowell@fremont.net