

<input type="checkbox"/>	New Student
<input type="checkbox"/>	Change
<input type="checkbox"/>	Update

BUS TRANSPORTATION FORM FOR
FREMONT PUBLIC SCHOOLS
Department of Transportation
616 Lake Dr. Fremont, MI 49412

AM Bus # _____

PM Bus # _____

INFORMATION

Student #1:	_____	Grade:	_____
Student #2:	_____	Grade:	_____
Student #3:	_____	Grade:	_____
Student #4:	_____	Grade:	_____
Student #5:	_____	Grade:	_____

Home Address: _____

Parent / Guardian: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

Parent / Guardian: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

Please indicate and emergency contact.

This person will be contacted to pick up your child(from the bus stop, Bus Garage or After School Program) in the event you are unavailable.

Name: _____

Phone #: _____

A.M. BUSSING INFORMATION

Will your child need A.M. bussing? Yes: _____ No: _____

Will your child be picked up at their home 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 your child be dropped off at their home 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 bus 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: _____ Date: _____

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