New Student Change Update BUS TRANSPORTATION FORM FOR FREMONT PUBLIC SCHOOLS Department of Transportation 616 Lake Dr. Fremont, MI 49412 INFORMATION		C SCHOOLS ansportation		AM Bus #
Student #2:Student #3:Student #4:			Grade: Grade: Grade: Grade: Grade:	
Parent / Guardian:  Home Phone: Cell Phone: Work Phone: Please indicate and emergence This person will be contacted to punavailable. Name:	cy contact. oick up your child(from the bus stop	Parent / Guardian: _ Home Phone: _ Cell Phone: _ Work Phone: _ o, Bus Garage or After School Pro		event you are
A.M. BUSSING INFORMATIO				
Will your child need A.M. bussing?		Yes:		No:
Will you child be picked up at their home address:		Yes:		No:
Pick Up Address if other than home:				If No, continue
Name of Person/Organization at this address:			Phone #:	
P.M. BUSSING INFORMATIO	<u>N</u>			
Will your child need P.M. bussing?				No:
Will you child be dropped off at their home address:				No:
Drop Off Address if other than home:				If No, continue
Name of Person/Organization at this address:				
-	sus Garage to determine transportation			

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.

Bus Garage Telephone: 231/ 924-4390 Bus Garage Fax: 231/ 924-1077

Parent/Guardian Signature:

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

Date: