

Franklin Monroe Middle & High School Transportation Form Transportation Plan for the 2021-2022 School Year

You must fill out one form for EACH student at Franklin Monroe. If a change is made during the school year, a new form must be submitted. If a section does not pertain to you, then please leave it blank. If the form is not complete before the school year begins your student(s) may not be picked up the first day of school.

Student's name: Last: _____ First: _____

Grade: 7 8 9 10 11 12 Home Phone Number: _____

Home Address: _____

Mother's Name: _____ Cell: _____ Work: _____

Father's Name: _____ Cell: _____ Work: _____

My child will use the above address as their regular bus stop: Bus # _____ Driver: _____ AM only _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ PM only _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____	<u>Office Use:</u>
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<u>Shared Parenting:</u> Co-Parent Name: _____ Phone Number: _____ Co-Parent Address: _____ Bus # _____ Driver: _____ AM only _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ PM only _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____	<u>Office Use:</u>
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<u>Childcare Provider:</u> Childcare Providers Name: _____ Phone Number: _____ Childcare Provider Address: _____ Bus # _____ Driver: _____ AM only _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ PM only _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____	<u>Office Use:</u>
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<u>Walking/Bike Rider/Self-Transportation:</u> AM only _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ PM only _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____	<u>Office Use:</u>
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<u>Parent Drop Off/Pick Up:</u> AM only _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ PM only _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____	<u>Office Use:</u>
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<u>Where would you like your student to go in the event of an EMERGENCY 2 hour Early Release:</u> Address: _____	<u>Office Use:</u>
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Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Date new bus service will begin: _____

Approved: _____

Date: _____