Bay City Public Schools Transportation Department

STUDENT TRANSPORTATION/DAYCARE/SHARED-CUSTODY FORM

PLEASE USE ONE FORM PER CHILD!

Student Name_________________________________________ 2019-20 School Attending__________________________

Last,     First

Telephone No.__________________________      Alt. Phone No.__________________________  2019-20 Grade___________

Home Address of Student

(No.) (N.S.E.W.) (Street)                      (St. Rd. Dr. Cir. Ave. Ln., etc.)            (City)                      (Zip)

1st Cross Street ____________________________   2nd Cross Street ____________________________

CHECK ANY THAT APPLY:

☐ Our child does not need transportation in 2019-2020. Stop here, please check the box and return this form with your student’s name/address at the top as indicated.

☐ Our child needs transportation to & from HOME ONLY - no other sites in 2019-20. Stop here, please check the box and return this form with your student’s name/address at the top as indicated.

☐ Our child does not need transportation to & from HOME, only from following Day Care/Shared-Custody Sites in 2019-20.

☐ Our child needs transportation to or from HOME and also from following Day Care Shared-Custody Sites in 2019-20.

☐ Gifted & Talented Program
Please complete entire form.
Dispatch Office will review your requests & provide transportation as allowed within their guidelines.

☐ Special Education
Please complete entire form.
Bussing is provided for this program of need. If however, a program is offered in two locations and a parent opts for a choice that involves additional transportation, bussing will not be provided.

☐ Eastern High School
Please complete entire form.
Dispatch will review your requests & provide transportation as allowed within their guidelines.

DAYCARE/SHARED-CUSTODY INFORMATION

AM Pick-up Address (for Day Care/Sitter/Shared -Custody (name/phone): _____________________________):

(No.) (N.S.E.W.) (Street)                      (St. Rd. Dr. Cir. Ave. Ln., etc.)            (City)                      (Zip)

1st Cross Street ____________________________   2nd Cross Street ____________________________

PM Take-home Address (for Day Care/Sitter/Shared -Custody (name/phone): _____________________________):

(No.) (N.S.E.W.) (Street)                      (St. Rd. Dr. Cir. Ave. Ln., etc.)            (City)                      (Zip)

1st Cross Street ____________________________   2nd Cross Street ____________________________

Your signature on this completed form and returned to us indicates your understanding and agreement of the Transportation Policy.

(Parent/Guardian’s Signature) ____________________________    (Date) ____________________________

Please return form to: Bay City Public Schools, Transportation Dept., 480 Midland Road, Bay City, MI 48706