

SEYMOUR COMMUNITY SCHOOL DISTRICT
FOUR YEAR OLD KINDERGARTEN TRANSPORTATION FORM

General Information

STUDENT NAME: _____ BIRTH DATE: _____ GENDER: _____

PARENT/GUARDIAN NAMES: _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE NUMBER: _____ EMAIL: _____

School Placement Preference:

Please check the box to indicate your school preference. Please note that any preference for a school that isn't your designated home school will require an open enrollment letter to the superintendent.

Site Preference (Check one box):

- Rock Ledge Primary Center Black Creek Elementary

Method for Transporting to/from school (Check one box):

- Pick/Drop Off Walk Bus (please complete information below)-

COMPLETE INFORMATION BELOW IF TRANSPORTATION IS NEEDED

Transportation Request:

The following information must be completed for any child/children eligible for bus transportation for the 4-K program. Transportation will be provided to all rural district resident students who reside two miles or more from the public school which they attend. Students living within the two mile limit will be furnished transportation if the area has been designated as "hazardous" by appropriate traffic officers and approved by the state.

If your child is eligible for bus transportation, we allow **one pick up point and one drop off point**. (Example: pick up at home & drop off at sitter). Please list your request below.

Bus Pick Up Address: _____ City/Village _____

Bus Drop Off Address: _____ City/Village _____

If pick up or drop off listed above is other than your home address, please fill out the information below. This alternative location will be either approved or disapproved by the transportation director.

Name of responsible adult at alternative pick up _____ Phone # _____

Name of responsible adult at alternative drop off _____ Phone # _____

Parent/Guardian Signature: _____ Date _____