

# KINGSLEY AREA SCHOOLS

## Transportation Request Form

**Please complete the form below for each student.**

My child will **NOT** require transportation. (Please complete the student information section, school, grade, and sign the form at the bottom)

**School Year** \_\_\_\_\_

**Grade in Sept.** \_\_\_\_\_

### STUDENT INFORMATION - One form is required per student (Please Print)

*Please check all that apply*

My eligible child WILL require transportation to/from our **PRIMARY ADDRESS** listed below for the following times:

AM  PM

|                 |            |                      |
|-----------------|------------|----------------------|
| Last Name       | First Name | Middle Name          |
| Primary Address |            | Primary Phone Number |
| City/Zip        |            | Date of Birth        |

*Please check all that apply*

My eligible child WILL require transportation to/from an **ALTERNATE ADDRESS** listed below for the following times:  
(other than our primary physical address listed above)

AM  PM

|                                     |                             |
|-------------------------------------|-----------------------------|
| Alternate Address                   | Alternate City/Zip          |
| Contact Person at Alternate Address | Contact Person Phone Number |

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please Do Not Write Below This Line (For Office Use Only)*

Date Received at School Office \_\_\_\_\_