

Peace Valley Charter School

Transportation Form



208-466-4181 / www.brownbuscompany.com



New Student	x
Returning Student	
Address Chg Only	
Other:	

****PLEASE PRINT & COMPLETE IN FULL - (ONLY IF TRANSPORTATION IS NEEDED and IN-BOUNDARY) ****

Student Last Name:				Student First Name:		
Parent / Guardian Name:						
PHONE #'S:	Home ()	Work -	Cell ()	Sitter -		
Email Address(es):						
HOME ADDRESS (Must be a street address, not P.O. Box #):			MAILING ADDRESS (If different from Home Address):			
PICKUP ADDRESS (if different from Home Address, i.e. Sitter):			DROPOFF ADDRESS (if different from Home Address):			
GRADE:	Kam Kpm KFull 1 2 3 4 5 6 (Circle one)	SEX: M F	BIRTHDATE:			

WHO IS **AUTHORIZED** TO MEET THE KG STUDENT AT THE BUS STOP *(please be specific – names and relationship to student)*:

FULL NAME:	FULL NAME:	FULL NAME:	FULL NAME:
RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:
<i>NOTE: Kindergarten Students must be met at the bus door, by someone at their stop or accompanied by an older sibling if riding the bus home. If they are not met/or accompanied by an approved person, they will be returned to school.</i>			

OTHER CONTACT PERSON(S):	EMERGENCY PHONE #'S:	RELATIONSHIP TO STUDENT:

PARENT / GUARDIAN SIGNATURE

DATE

TRANSPORTATION OFFICE USE ONLY:

BUS #:	REGULAR PICK-UP LOCATION:	PICK-UP TIME:
BUS #:	REGULAR DROP-OFF LOCATION:	DROP-OFF TIME:

SCHOOL NOTIFIED BY: _____ DATE: _____ PARENT NOTIFIED BY: _____ DATE: _____

DRIVER NOTIFIED BY: _____ DATE: _____ ROUTE LIST UPDATED BY: _____ DATE: _____

MAP UPDATED (if applicable) BY: _____ DATE: _____