

Freeport, Parochial & Dakota Transportation Information Form

2019- 2020 School Year

(Page 1 of 1)

Child's Legal Name: _____ **Birth Date:** _____
(Last Name, First Name, Middle Initial) (mm/dd/yyyy)

Home Address: _____
(Address, City, State ZIP Code)

Attending School: _____ **Grade:** _____

Where will the child be picked up? Address: _____
Home, day-care, grandparents etc. (Address, City, State ZIP Code)

Where will the child be dropped off? Address: _____
Home, day-care, grandparents etc. (Address, City, State ZIP Code)

Parent/Guardian Name: _____ **Phone 1:** _____

Phone 2: _____ (10 digit - numbers only)
_____ (10 digit - numbers only)

Childcare Provider: _____
(Last Name, First Name)

Phone: _____ (10 digit - numbers only)

Address: _____
(Address, City, State ZIP Code)

Where will your child be dropped off when school is let out early? _____
(Home, day-care, grandparents etc.)

Address: _____
(Address, City, State ZIP Code)

Name of person expecting your child: _____ **Home Phone:** _____

_____ (Last Name, First Name, Middle Initial) (10 digit - numbers only)
My child will walk to the early release location.

I will pick my child up at school when there is an early dismissal.

My child will ride the bus to this location. (Bus eligible children only)

Parent/Guardian Signature

Date