

# Saydel Community School District

## Transportation Information Form

2018-2019 School Year

Return to Saydel District

Office or Durham School

Services.

Saydel Fax: 515-264-0869

Durham Fax: 515-265-2998



### **OPEN ENROLLED STUDENT**

Please complete this form with as much detail and accuracy as possible; as it will be **used for routing structure and times**. This form is to be **completed every year for each child** and **anytime there is a change** in transportation needs. **This form must be completed and submitted regardless of preferences.**

Transportation is **NOT** required for Open Enrolled (OE) students. Saydel CSD does allow OE students to ride a bus at a District stop if there is not adequate seating for the route. This decision will be at the discretion of Durham School Services and the Saydel CSD. **If there are any bus referrals, the OE student will be removed from the route and will no longer be provided transportation.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

#### **Before School (CHOOSE ONE)**

Ride bus from alternative location: (must be within school district boundaries/list cross street stop if no home address)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Does not need school provided transportation (check below)

Eagles Nest (Before School Daycare)

#### **After School (CHOOSE ONE)**

Ride bus to alternative location: (must be within school district boundaries/list cross street stop if no home address)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Does not need school provided transportation (check below)

Eagles Nest (After School Daycare)

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