

# 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



## RESIDENT 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**. Open Enrolled students please complete the Open Enrollment transportation form.

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 the bus from designated neighborhood stop

Ride bus from alternative location: (must be within school district boundaries)

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

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

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

Does not need school provided transportation (check below)

Eagles Nest (Before School Daycare)

Parent/Guardian Drop-Off

Student Provided Transportation

### After School (CHOOSE ONE)

Ride the bus to designated neighborhood stop

Ride bus to alternative location: (must be within school district boundaries)

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

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

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

Does not need school provided transportation (check below)

Eagles Nest (After School Daycare)

Parent/Guardian Pick-Up

Student provided transportation

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