Sinton Independent School District

Transportation Services Form

School Year: _____/_____ New:____ Change: ____ Renew: ____ Service Requested: AM _____ PM _____ SPED _____ OTH _____

A Transportation Request Form must be **completed by the parent and returned by the parent** to the transportation department for each student who will ride the bus, or when any changes need to be made. The parent/guardian is responsible for notifying the campus and the Transportation Department at 364-6834 of any address or phone number changes that are made during the school year.

Student's First/Last Name	Date of Birth	Grade	Student ID #	WE SE MS HS (circle campus)

Home Address (Please Include County Road Number)	Home/Cell Phone Num (Incl Area Code)

Mother's Name	Home/Cell Phone	Work Num

Father's Name	Home/Cell Phone	Work Num

Emergency Contact Name (Other than Parent)	Relationship to Student	Phone Num

Parents may designate a Registered Childcare Facility or the residence of a Grandparent of the child instead of the child's residence as the regular location for purposes of obtaining transportation. Either designated location must be an already approved stop on an approved route. Edu.Code 34.007(b)(2)

Type of Alternate Drop Off Address (check one): _____ Licensed Childcare Facility _____ Grandparent Address

Alternate Approved Drop off address **different** from Home Address. (Incl. Cr Rd)	Contact Name/Relationship	Phone Num

Welder Elementary Parents Unsupervised Drop-off Request - Even though it is the parent's responsibility, for safety reasons Welder Elementary students are not normally dropped off at a stop where a Parent/Older Sibling is not present, unless it is a stop where several students get off also. If you want your Welder Elem. child dropped off even if no one is at the stop **please check the blank below**.

_____ Please allow my **WELDER ELEMENTARY** child to be dropped off **WITHOUT** an Adult or Older Sibling being present at the stop.

Parent/Guardian's Signature: _____ Date: _____

Please return this form to the Transportation Department at 322 S. Archer St or to your child's school office. **Processing of this form may take 2 to 3 school days.** You will be contacted by the Transportation Department once your form is processed.

TRANSPORTATION USE

Route Assigned by Transportation: _____ Effective Date: _____ Assigned by: _____ Notified: _____

2M _____ HAZ _____ FUNDED _____ TEMP _____