

<u>Complete entire form</u> –and return with application forms by March 8.

Student Name		Date of birth		
Parent/Guardian Name				
Home Address		City/State/Zip		
Home phone	Work	Cell		
Emergency Contact Nar	me			
	one Number			
	-up and/or dropped off at a c			
provide:			ica, picase	
Childcare Name	Childcare Phone Number			
Childcare Address	City/State/Zip			
Does the student	require transportation to/from		rogram?	
	Yes No			
There will be	NO VARIATIONS allowed on y	our daily transportation rou	ute.	
Student Pick-up Address				
Student Drop-off Address	S			
Is your child under the ag	ge of 4 and/or under 40 pound	ds? YES	NO	
<u>Please sele</u>	ect what is required during bu	<u>s drop off – Must Check On</u>	<u>e</u>	
Hand to H	Hand to Hand – adult must meet bus at curb and assist student to house or school			
	Eye to Eye – driver or attendant will have eye contact with adult before releasing tudent at house or school			
Release o	n own – student can exit bus o	and enter house or school o	on own	
	Questions? Please of	contact:		
Stephanie	Gilliland – 5100 West 9th, Wino stephanie.gilliland@wino		15	