



Phone #: 466-4181

Fax #: 466-2861

www.brownbuscompany.com

COMPASS PUBLIC CHARTER SCHOOL

Student Transportation Form

*****PLEASE PRINT & COMPLETE IN FULL - (ONLY IF TRANSPORTATION IS NEEDED)*****

IS BUS TRANSPORTATION NEEDED? (circle one)		YES	NO
Student Last Name:		Student First Name:	

Parent / Guardian Name:				
PHONE	Home -	Work -	Cell -	Sitter -
# = S:				

HOME ADDRESS (Must be a street address, not P.O. Box #):	MAILING ADDRESS (If different from Home Address):
NEAREST CROSSROADS:	

PICKUP ADDRESS (if different from Home Address, i.e. Sitter):	DROPOFF ADDRESS (if different from Home Address, i.e. Sitter):
NEAREST CROSSROADS:	NEAREST CROSSROADS:

GRADE(S):		
SEX:	BIRTH DATE:	ADDITIONAL INFORMATION:
M F		

EMERGENCY PHONE # = S:	CONTACT PERSON:	RELATIONSHIP TO STUDENT:

PARENT / GUARDIAN SIGNATURE _____ DATE _____

OFFICE USE ONLY:

BUS #:	REGULAR PICK-UP LOCATION:	PICK-UP TIME:
BUS #:	REGULAR DROP-OFF LOCATION:	DROP-OFF TIME:

SCHOOL NOTIFIED BY: _____ DATE: _____ PARENT NOTIFIED BY: _____ DATE: _____

DRIVER NOTIFIED BY: _____ DATE: _____ ROUTE LIST UPDATED _____ DATE: _____

MAP UPDATED (if applicable): _____ DATE: _____