

EATON RAPIDS PUBLIC SCHOOLS
TRANSPORTATION REQUEST (RESIDENT STUDENT)

917 S Greyhound Dr., Eaton Rapids, MI 48827 517-663-2214 phone / 517-663-0634 fax

Today's Date _____ Date of first pick-up/drop-off _____

Student's Full Legal Name: _____

Female Male Birth Date: _____

School: _____ Grade Level or Program Name: _____

A.M. class P.M. class Circle school days if not Monday through Friday: M T W TH F

Students may have only one pick up location and one drop off location. Both locations must be in the Eaton Rapids Public Schools District. They do not have to be the home address. Pick up location and drop off location do not have to be the same.

Student's Home Address: _____ Pick-up Drop-off

Between what two roads? _____ and _____

Which side of the road? (Circle One) NORTH SOUTH EAST WEST

Any identifying characteristics of the house or property? _____

Parents/Guardians:

1) Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

2) Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency contact other than parent:

1) Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Is a child care provider used? No Yes Pick-up Drop-off

Child Care Provider's Name: _____ Home Phone _____

Child Care Provider's Address _____

Between what two roads? _____ and _____

Which side of the road? (Circle One) NORTH SOUTH EAST WEST

Any identifying characteristics of the house or property? _____

- Students attending Eaton Rapids Public Schools who live within the boundaries of the school district may ride district buses under the conditions of the transportation handbook.
- Changes in your student's pick up and/or drop off location(s) will not be accepted by phone. Permanent changes (change must be for at least 20 school days) must be submitted in writing at least 3 days in advance of effective date.
- **Students must be at least 4 years of age to ride Eaton Rapids Public School buses.**

LIST ANY SPECIAL NEEDS (health/medical, special equipment, behavior, emotional, social)
Continue on reverse if necessary.
