## **Simon Kenton School Transportation Form**

Today's Date	Transportation Requested Start Date
Student Information	
Student Name:	Date of Birth:
Address:	
Does your child have an Individualized Education Plan (IEP/S	Special Education)?
Classroom Teacher:	Session Attending: Morning Afternoon All Day
Guardian Information	
Mother/ Guardian Name	Phone Number:
Father/Guardian Name:	Phone Number:
Emergency Contact Information (additional emergency contacts	listed in SK Emergency Medical Form)
Name:	Home/Cell Number:
fill in below.  Name of person  Address  Phone #	☐ Both ☐ Home from school by Simon Kenton Bus ss other than home, (Example- babysitter, grandparent, etc.) Please
Does your child require any special assistance on the bus? If	f yes, please explain:
Does your child have any medical, physical, or behavior conc	erns that will need to be addressed on the bus? If yes, please explain:
**Please note: Transportation for peer models (children not on IEPs), children with IEPs is provided both to and from school.	is not guaranteed. If able, we will transport one way. Transportation for
Transportation Requirement Notes:	
A photo identification is needed for anyone we release a	
$\blacksquare$ We can only release to those individuals listed on the release list within the Emergency Medical Authorization.	

He we can only accommodate one address for pick up/drop off.

Transportation request and changes in request require at least 3 day written notice.

🖺 Times of pick up/drop off will be according to the route schedules. You will be notified of your pick up/drop off times.