

Student ID # _____

Office use only

2025-2026**RSD 13 Student Transportation Form**

(This form must be completed, signed and returned for every child)

Your child's safety is extremely important to us. You are permitted a **maximum** of two (2) pick-up and two (2) drop-off locations. To ensure that your child gets picked up and dropped off at the proper locations, please complete, sign and return this form to your child's school.

School in 2025-26: _____ Grade in 2025-26: _____

Child's Name: _____ Telephone: _____

Home Address: _____ Zip: _____

☐ My child will not need transportation for SY 2025-26

☐ My child will only be picked up and dropped off at a bus stop that is at or close to his/her home address as it is recorded with RSD 13. **If alternate stops are necessary please complete the form below.**
GRADES 4 & 5 ONLY: If no adult is at the stop to meet my 4th or 5th grader, I authorize the following procedure:
☐ I allow my child to be left at the BUS STOP. I have made arrangements for his/her safety.

☐ RETURN my child to school to be picked up there.

AM	Primary Address			Monday	<input type="checkbox"/>
		Name:		Tuesday	<input type="checkbox"/>
		Address:		Wednesday	<input type="checkbox"/>
		Town:		Thursday	<input type="checkbox"/>
		Phone:		Friday	<input type="checkbox"/>
	Alternate Address			Monday	<input type="checkbox"/>
		Name:		Tuesday	<input type="checkbox"/>
		Address:		Wednesday	<input type="checkbox"/>
		Town:		Thursday	<input type="checkbox"/>
		Phone:		Friday	<input type="checkbox"/>
	Parent Transportation	Monday	<input type="checkbox"/>		
		Tuesday	<input type="checkbox"/>		
		Wednesday	<input type="checkbox"/>		
		Thursday	<input type="checkbox"/>		
		Friday	<input type="checkbox"/>		

PM	Primary Address			Monday	<input type="checkbox"/>
		Name:		Tuesday	<input type="checkbox"/>
		Address:		Wednesday	<input type="checkbox"/>
		Town:		Thursday	<input type="checkbox"/>
		Phone:		Friday	<input type="checkbox"/>
	Alternate Address			Monday	<input type="checkbox"/>
		Name:		Tuesday	<input type="checkbox"/>
		Address:		Wednesday	<input type="checkbox"/>
		Town:		Thursday	<input type="checkbox"/>
		Phone:		Friday	<input type="checkbox"/>
	Parent Transportation	Monday	<input type="checkbox"/>	Picked-up By:	
		Tuesday	<input type="checkbox"/>	Picked-up By:	
		Wednesday	<input type="checkbox"/>	Picked-up By:	
		Thursday	<input type="checkbox"/>	Picked-up By:	
		Friday	<input type="checkbox"/>	Picked-up By:	

I understand that if this schedule changes in any way, I must notify my child's school in writing. Requests for new or changed bus stops must be made in writing to the school administration a minimum of one week in advance.

If change, date effective _____

Parent Signature _____

Date _____