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www.brownbuscompany.com

FALCON RIDGE PUBLIC CHARTER SCHOOL

Student Transportation Form

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

IS BUS TRANSPORTATION NEEDED? (highlight or circle one)	YES	NO
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Student Last Name:		Student First Name:	
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Parent / Guardian Name:				
Phone #'s	Home	Work	Cell	Sitter

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

PICKUP ADDRESS (if different from Home Address, i.e. Sitter):	DROPOFF ADDRESS (if different from Home Address, i.e. Sitter):
NEAREST CROSSROADS TO PICK-UP ADDRESS (BELOW)	NEAREST CROSSROADS TO DROPOFF ADDRESS (BELOW)

GRADE:		
SEX:	BIRTH DATE:	ADDITIONAL INFORMATION:
CIRCLE OR HIGHLIGHT M F		

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

PARENT / GUARDIAN SIGNATURE _____ DATE / / 2010

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: _____