

Project Impact STEM Academy



Transportation Form



New Student	
Returning Student	
Address Change Only	
Other	

208-466-4181/www.brownbuscompany.com

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

Student Last Name:		Student First Name:	
Parent/Guardian Name:			
Phone #'s	Home ()	Work ()	Cell ()
Sitter ()			
Email Address(es):			

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

PICKUP ADDRESS (If different from Home Address, i.e. Day Care)	DROPOFF ADDRESS (If different from Home Address)	
Grade: K 1 2 3 4 5 6 7 8 9 10 11 12	Sex: M F	Birthdate:
STUDENT HAS AN IEP: YES NO	If YES, is transportation part of it? YES NO	
Additional Information:		

Who is **AUTHORIZED** to meet the **KG** student at the bus stop (please be specific-names and relationship to student)

Full Name:	Full Name:	Full Name:	Full Name:
Relationship:	Relationship:	Relationship:	Relationship:
<i>NOTE: Kindergarten students must be met at the bus door by someone at their stop or accompanied by an older sibling if riding the bus home. If they are not met or accompanied by an approved person, they will be returned to the school.</i>			

OTHER CONTACT PERSON(S):	EMERGENCY PHONE #'S	RELATIONSHIP TO STUDENT:

Parent/Guardian Signature _____ Date _____

TRANSPORTATION OFFICE USE ONLY:

BUS #:	REGULAR PICKUP 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 BY: _____ DATE: _____

MAP UPDATED (if applicable) BY: _____ DATE: _____