

Sinton Independent School District

Transportation Services Form

School Year: _____ / _____ New: _____ Change: _____ Service Requested: AM _____ PM _____ SPED _____ OTH _____

A Transportation Request Form must be **completed by the parent and returned by the parent** to the transportation department for each student who will ride the bus, or when any changes need to be made. The parent/guardian is responsible for notifying the campus and the Transportation Department at 364-6854 of any address or phone number changes that are made during the school year.

_____ WE SE MS HS
Student's First/Last Name _____ Date of Birth _____ Grade _____ Student ID # _____
(circle campus)

_____ Home Address (Please Include County Road Number) _____ Home/Cell Phone Num (Incl Area Code)

_____ Mother's Name _____ Home/Cell Phone _____ Work Num

_____ Father's Name _____ Home/Cell Phone _____ Work Num

_____ Emergency Contact Name (Other than Parent) _____ Relationship to Student _____ Phone Num

Parents may designate a **Registered Childcare Facility** or the residence of a **Grandparent** of the child instead of the child's residence as the regular location for purposes of obtaining transportation. Either designated location must be an already **approved stop** on an **approved route**. Edu.Code 34.007(b)(2)

Type of Alternate Drop Off Address (check one): _____ Licensed Childcare Facility _____ Grandparent Address

_____ Alternate Approved Drop off address **different** from Home Address. (Incl. Cr Rd) _____ Contact Name/Relationship _____ Phone Num

Welder Elementary Parents Unsupervised Drop-off Request - Even though it is the parents responsibility, for safety reasons Welder Elementary students are not normally dropped off at a stop where a Parent/Older Sibling is not present, unless it is a stop where several students get off also. If you want your Welder Elem. child dropped off even if no one is at the stop **please check the blank below**.

_____ Please allow my **WELDER ELEMENTARY** child to be dropped off **WITHOUT** an Adult or Older Sibling being present at the stop.

Parent/Guardian's Signature: _____ Date: _____

Please return this form to the Transportation Department at 322 S. Archer St or to your child's school office. **Processing of this form may take 2 to 3 school days**. You will be contacted by the Transportation Department once your form is processed.

TRANSPORTATION USE

Route Assigned by Transportation: _____ Effective Date: _____ Assigned by: _____ Notified: _____

2M _____ HAZ _____ FUNDED _____ TEMP _____