

LIBERTY ELEMENTARY SCHOOL

Transportation Verification Form

2012-2013

Child's Name: _____

Address: _____

Phone #: _____ Teacher/Grade: _____

Effective Date: _____

Please circle how your child will get to school every **morning**:

Bus Bus # _____ Car Rider # _____ Daycare Walker

Please circle how your child will get home EVERY **afternoon**:

| | | | | | |
|------------------|-----|-----|---------|-----|--------|
| Monday | Bus | Car | Daycare | ESP | Walker |
| Tuesday | Bus | Car | Daycare | ESP | Walker |
| Wednesday | Bus | Car | Daycare | ESP | Walker |
| Thursday | Bus | Car | Daycare | ESP | Walker |
| Friday | Bus | Car | Daycare | ESP | Walker |

Parent Signature: _____

Bus Rider Information

A.M. Bus # _____ P.M. Bus # _____

A.M. Pick up time: _____ P.M. Drop off time: _____

Stop: _____

Daycare Information

Name of Daycare _____ Phone # of Daycare _____

Morning Rider _____ Afternoon Rider _____ AM/PM Rider _____

KINDERGARTEN STUDENTS MUST BE SUPERVISED AT BUS STOP BY ONE OF THE PEOPLE LISTED BELOW

| Authorized to Receive | Driver's License or SS # | Phone Number |
|-----------------------|--------------------------|--------------|
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