

DOTHAN CITY SCHOOLS' APPLICATION FOR TRANSPORTATION

Please print

School: _____ Grade: _____ <i>(Enter school and grade next school year if application is for next school year.)</i>	Student's Name: _____
Date: _____ / _____ / _____ MONTH DAY YEAR	Address: _____
Will your child need transportation? YES <input type="checkbox"/> NO <input type="checkbox"/>	Telephone Number: _____
Bus No. _____ Bus Stop Time _____	Parent/Guardian _____
Bus Stop _____	

REQUEST FOR ALTERNATE AM/PM LOCATIONS DUE TO DAYCARE NEEDS
(Elementary requests must be in student's school zone)

Pick up address (AM) if different than physical address: _____	Drop off address (PM) if different than physical address: _____
Responsible Party's Name: _____	Responsible Party's Name: _____
Phone Number: _____	Phone Number: _____
Parent/Guardian Signature _____	Parent/Guardian Signature _____

Optional (only if needed)

ALL KINDERGARTEN AND FIRST GRADE STUDENTS MUST HAVE THIS WAIVER SIGNED IN ORDER TO BE RELEASED WITHOUT A GUARDIAN PRESENT:

I _____ *(print Guardian's name)*
give my child named _____ *(print Child's name)* who attends
_____ school permission to exit the bus at his/her bus stop without an adult
being present.

Parent/Guardian's Signature: _____ Date: _____

(Signature only for release waiver)