

# Anselmo Merna School Transportation Application

**Students Names:**

\_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Note: Date of Birth is needed to provide safety seats for those children less than 6 years of age.

**Home address for Pick-up and Delivery:**

**Home Phone:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E-mail Address:**

\_\_\_\_\_

\_\_\_\_\_

**Parents contact information:**

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Other Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Special needs or pickup directions that driver should be aware of: \_\_\_\_\_

\_\_\_\_\_

Date of service to begin: \_\_\_\_\_ Route needed in AM? \_\_\_\_\_ PM? \_\_\_\_\_

Requested by: \_\_\_\_\_ Date requested: \_\_\_\_\_

**Approved by:**

Superintendent: \_\_\_\_\_

Transportation Supervisor: \_\_\_\_\_

APPLICATION MUST BE IN AT LEAST 5 SCHOOL DAYS PRIOR TO SERVICE BEGINNING