

Amherst County Public Schools Student Transportation Form

School Attending: _____

Mode of Transportation (circle one): Bus Car

Student ID # _____ (REQUIRED)

Student Name: _____

Date of Birth: _____ Grade: _____ Gender: _____

Parent/Guardian Name(s) _____

911 Address _____

If change of address – List old address

Home Phone Number _____ Cell Phone Number: _____

Work/Other Contact Numbers: _____

Emergency Contact:

Name _____ Phone Number _____

Name _____ Phone Number _____

911 Address where student will be getting on/off the school bus:

Start Date: _____ *Allow 24 to 48 hours to assign route*

SCHOOL/TRANSPORTATION USE ONLY

AM Bus #: _____ Pick-Up Time: _____ Pick-Up Location: _____

PM Bus #: _____ Drop-Off Time: _____ Drop-Off Location: _____