

**HART-RANSOM ELEMENTARY SCHOOL**  
**TRANSPORTATION OFFICE 209-523-9971**

**TRANSPORTATION REQUEST**

One Form Per Student

Date: \_\_\_\_\_

District Resident

Non District Resident

Check One:     TK/Kinder     Grades 1-3     Grades 4-8

Home Room Teacher \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Address \_\_\_\_\_

Day Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Day Care Provider Address (transportation address) \_\_\_\_\_

Pickup AM

Drop off PM

Student Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone   Father \_\_\_\_\_ Mother \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

***I understand that district transportation is a privilege and may be revoked at any time.***

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian (Signature) \_\_\_\_\_

Parent/Guardian (Name) \_\_\_\_\_

Parent/Guardian (Signature) \_\_\_\_\_

---

**TRANSPORTATION USE ONLY**

ROUTE #   AM Bus # \_\_\_\_\_   Pick up Time \_\_\_\_\_   Bus Stop \_\_\_\_\_

ROUTE #   PM Bus # \_\_\_\_\_   Arrival Time \_\_\_\_\_   Bus Stop \_\_\_\_\_