

# FRUITPORT COMMUNITY SCHOOLS TRANSPORTATION FORM

Attention Parent/Guardian: Please renew this form each year so that we have the most up to date information for your students. All information from the previous year will be deleted.

\*\*\*Return completed form for each student by the last day of school.\*\*\*

**New Enrollee**     **Change of Address**     **Change of stop location**     **New School Year**

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Morning Pick Up Location: (circle one)    **HOME**    **ALTERNATE SITE**    **NO TRANSPORTATION**

Alternate Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Afternoon Drop-Off Location: (circle one)    **HOME**    **ALTERNATE SITE**    **NO TRANSPORTATION**

Alternate Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Half Day Drop-Off Location: (circle one)    **HOME**    **ALTERNATE SITE**    **NO TRANSPORTATION**

Alternate Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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To help us assist students, please indicate any behavior/health/allergy concerns and actions to be taken. Use back if needed:

**Transportation Information:** There will be **no major changes** to bus stops or bus routes from July through October. This time is needed to establish bus stops, times, and to effectively communicate any changes to parents and students. You may obtain and return a Student Transportation form from the school office, bus driver, transportation office or district website. If you have any questions, call the Transportation Office at 231-865-3196, select option 1.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Transportation Office Use Only:**    *Initiation Date:* \_\_\_\_\_  
*Return Call Made By:* \_\_\_\_\_ *Spoke With:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Transfinder     Sent to School     Copy to Driver     Notified Parent     Printed Copy of Route