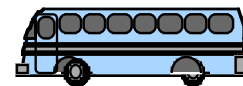


Marietta City Schools Kindergarten Transportation Form



Child's Name _____

Parent's Name(s) _____

Address _____ Phone _____

1. How will your child get to school? **Walk** **Car** **Bus**

Bus Students: Please give County Road, Township Road, nearest Bus Stop or Street Address. (Do not give Route numbers or P O Box numbers)

Walkers: Give exact directions showing the route your child will walk from your home to the school.

2. After school, will your child go to a daycare or babysitters? Yes No
 If yes, please give names.

3. After school, will your child be picked up by a babysitter or relative? Yes No
 If possible, please give names.

4. Please list three (3) emergency phone numbers. Please include parent (s) work phone. Please **do not** include your home phone.

	Phone	Name and Relationship
1)	_____	_____
2)	_____	_____
3)	_____	_____

5. Is the child on any medication? If so, what _____
 Does child have any allergies? if so, what _____

6. Does your child have any conditions that the driver should be aware of? Will he/she be in need of any specific help? _____

7. Child's weight: _____ lbs Child's height: _____ft. _____inches

8. What directions should be given your child in case of emergency early dismissal when no phone calls can be made? _____

For transportation questions or concerns please contact Dave Davis at 374-6525.