## SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT

109 Beckwith Road, PO Box 955, Loyalton, CA 96118

## MODE OF TRANSPORTATION FORM (for *ALL* students) 2023-2024 – Loyalton

This form will assist our schools in locating your child in an emergency situation whether or not they ride the bus. Please list your child's mode of transport to and from school. Please return to the school secretary.

Due to limited space there will be assigned seating on the buses. Non bus riders will NOT be allowed on any bus route under any circumstances.

STUDENT NAME:		GRADE:
Please check this box if no changes from la	st year and **SI	IGN AT THE BOTTOM**
☐ MY CHILD PRIMARILY WALKS TO/FRO	OM SCHOOL EV	VERY DAY
☐ I PRIMARILY DRIVE MY CHILD TO/FRO	OM SCHOOL E	VERY DAY
☐ Please check this box if no changes from last year and **SIGN AT THE BOTTOM**   ☐ MY CHILD PRIMARILY WALKS TO/FROM SCHOOL EVERY DAY   ☐ I PRIMARILY DRIVE MY CHILD TO/FROM SCHOOL EVERY DAY   ☐ MY CHILD PRIMARILY TAKES THE BUS AND THE STOPS ARE LISTED BELOW   Refer to Bus Route Schedules to complete the following section. (This form will be returned to you if this section is left blank.)   A.M. ROUTE: ☐ Sierra Brooks/Vinton ☐ Chilcoot ☐ Sierraville/Calpine   Stop Number: ☐ Location:   P.M. ROUTE: ☐ Sierra Brooks/Vinton ☐ Chilcoot ☐ Sierraville/Calpine   Stop Number: ☐ Location:   ☐ After School Care: ☐ Toddler Towers (Sierra Kids) Daycare ☐ Other Daycare (please specify): ☐ Phone:   ☐ Other (please specify): ☐ Phone: ☐ Other (please specify):		
Refer to Bus Route Schedules to complete the follows	ing section. (This for	orm will be returned to you if this section is left blank.)
A.M. ROUTE: Sierra Brooks/Vinton	] Chilcoot 🔲 S	Sierraville/Calpine
Stop Number: Location:		
Stop Number: Location:		
After School Care:		
		Phone:
Parent/Guardian (1):		Phone 1:
		Phone 2:
Parent/Guardian (2):		
		Phone 2:
Street Address:	City:	Zip:
Mailing Address:	City:	Zip:
PARENT/GUARDIAN (Signature Required):		Date