

SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT
109 Beckwith Road, Post Office Box 955, Loyalton, CA 96118
2015-2016
STUDENT MODE OF TRANSPORTATION FORM (for all students)

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/ children's mode of transport to and from school. If you have children attending more than one school, each school needs a copy of this form. Please return to the respective school secretary. BE AWARE! A NOTE MUST BE SENT TO THE SITE SECRETARY IN ORDER FOR NON BUS RIDERS TO RIDE OR FOR RIDERS TO BOARD A DIFFERENT BUS. DRIVERS ARE INSTRUCTED TO REFUSE BOARDING TO NON- COMPLIANT STUDENTS.

1ST Student Name: _____ **School Attending:** _____ **GRADE:** _____

- 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

After School:
<input type="checkbox"/> Sierra Kids Daycare
<input type="checkbox"/> _____ Daycare

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 _____ Stop Name: _____ Stop Number: _____

P.M. ROUTE _____ Stop Name: _____ Stop Number: _____

2ND Student Name: _____ **School Attending:** _____ **GRADE:** _____

- 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

After School:
<input type="checkbox"/> Sierra Kids Daycare
<input type="checkbox"/> _____ Daycare

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 _____ Stop Name: _____ Stop Number: _____

P.M. ROUTE _____ Stop Name: _____ Stop Number: _____

3RD Student Name: _____ **School Attending:** _____ **GRADE:** _____

- 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

After School:
<input type="checkbox"/> Sierra Kids Daycare
<input type="checkbox"/> _____ Daycare

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 _____ Stop Name: _____ Stop Number: _____

P.M. ROUTE _____ Stop Name: _____ Stop Number: _____

I have read and understand the rules concerning ridership contained in the Back to School Packet and understand that bus-riding privileges may be suspended or revoked if my child violates such rules.

Parent/Guardian: (PRINT) _____ #1 Phone: () _____

_____ #2 Phone: () _____

Street Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

PARENT/GUARDIAN (Signature Required): _____ Date: _____