Belding Area Schools
The right size. The right choice.

Kamie Jakeway • Director • Transportation Department

GSRP TRANSPORTATION FORM

Child's Name: _____ **Birth Date:** ___/___/____ **Age:**_____

Name of Parent(s)/Legal Guardian(s) with Whom Child Resides: _____

Address:_____
Street City Zip Code

Phone Number(s):_____

If you do not have a phone, please provide a name and number for messages:

Name: _____**Phone Number:** _____

If you have other children attending Belding Area Schools, please indicate their full name(s) and the grade they will be entering in 2013-2014.

_____

Many children are picked up and dropped off at home; however, some have childcare providers. Belding Area Schools transportation department will pick up and drop off to your childcare provider if they live in the Belding Area School District. **Please be aware there can only be one pick up location and one drop off location.** The transportation department needs the following information to set up bus routes for next school year.

_____ My child does not need transportation provided by the school.

_____ My child will be picked up and dropped off at the above address.

_____ My child will be picked up at this address:
_____

_____ My child will be dropped off at this address:_____

_____ I do not know at this time where my child will be picked up and dropped off. **I will call the transportation department (794-4970) as soon as I have this information but no later than August 1.**

If you have a childcare provider, please list their contact information:

Name: _____**Phone Number:** _____