

PORTLAND TRANSPORTATION
TRANSPORTATION DEPARTMENT

6636 E. Grand River Ave.
Portland, Mich. 48875

Phone: 517-647-2993
Fax: 517-647-2926

Student Name: _____ Date of Birth: _____

Home Address: _____ City _____ Zip _____

School: _____ Grade: Great Start Readiness Program

PARENT/GUARDIAN STUDENT RESIDES WITH: NAME RELATIONSHIP PHONE

1. _____

2. _____

WORK # _____ CELL# _____ HOME# _____

EMERGENCY CONTACT: _____ PHONE# _____

DISTINCTIVE NEEDS PLEASE LIST:

EXAMPLE: Allergies/Epi Pens....

OTHER STUDENTS:

1. _____ SCHOOL _____

2. _____ SCHOOL _____

3. _____ SCHOOL _____

REQUESTED PICK-UP ADDRESS: _____

DROP OFF ADDRESS: _____

In order for the transportation dept. to provide a safe and orderly environment for your child parents/guardians are encouraged one(1)pick-up and one (1) drop -off location for the school year. The bus stop may or may not be located at the home address. Please note also parents need to be present at bus stop for all DK/K students.

_____ My child does NOT need transportation provided by the school district.

_____ I request transportation at the above address

Parent/Guardian

Signature: _____ Date: _____