



SCHOOL DISTRICT OF

River Falls

TRANSPORTATION FORM

Date: _____ School: _____

Student's Name: _____
Last First MI

DOB: _____ Grade: _____ Home Phone: _____

Parent/Guardian Names: _____

Address: _____

Father's (Place of Work): _____

(Address/Phone): _____

Mother's (Place of Work): _____

(Address/Phone): _____

Person to Contact in an Emergency: _____

Relationship: _____ Phone: _____

Special Student Medical Needs (Accompanied by a Doctor's Statement):

PLEASE CHECK ONE:

- My child takes the bus to and from the home address listed above.
- My child takes the bus to and from an address other than home (write below)

In the AM

Name: _____

Address: _____

Phone: _____

In the PM

Name: _____

Address: _____

Phone: _____

- My child is a walker or gets picked up.

Parent/Guardian Signature