TRANSPORTATION INFORMATION
2010-2011

Student's Name: _____ **Grade** _____
Student's School: **Davenport** **Kingston** **Genoa Elementary**
Middle School **High School**

Home Address _____

_____

Will your student require bus transportation? _____ **Yes** _____ **No**

A.M. Bus Pick Up Address: _____

_____

P.M. Bus Drop off Address: _____

_____

Comments: _____

_____

Parents Name: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Sitters Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Other Phone #: _____

Emergency Contact Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Other Phone #: _____

PLEASE RETURN THIS FORM WITH YOUR REGISTRATION INFORMATION
One form per student

This information helps provide transportation for your student. Should any of this information change after August 1, 2010, it is your responsibility to contact the Transportation Department at 815-784-5271.