

**LOWELL SCHOOL DISTRICT 71**  
**STUDENT ENROLLMENT FORM**

**STUDENT INFORMATION**

<b>Full Legal Name:</b> _____			
First	Middle	Last	Suffix
<b>Preferred First Name:</b> _____		<b>Gender:</b> _____	<b>Birthdate:</b> _____
		MM / DD / YY	
<b>Home Phone:</b> _____		<b>Grade:</b> _____	
<b>Home Address:</b> _____			
Physical Address – <b>Not PO Box</b>		City	State      Zip
<b>Mailing Address:</b> _____			
If different from Home Address		City	State      Zip
<b>Place of Birth:</b> _____			
City		State	Country
<b>Last School Attended:</b> _____			
For non-kindergarten students who are new to Lowell School District		City	State

**PARENT INFORMATION**

<b>Parent/Responsible Adult:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Other _____			
<b>Legal Name:</b> _____			
First		Last	Suffix
<b>Living with Student:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Same as Student Home Address (Listed Above):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please provide full address information below			
<b>Home Address:</b> _____			
Physical Address – <b>Not PO Box</b>		City	State      Zip
<b>Mailing Address:</b> _____			
If different from Home Address		City	State      Zip
<b>Home Phone:</b> _____		<b>Cell Phone:</b> _____	
If different from Student Home Phone (Listed Above)		If different from Home Phone Number	
<b>Work Phone:</b> _____		<b>Email Address:</b> _____	
<b>Notification Phone:</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other _____			
Number receiving automated calls and emergency notifications			

<b>Parent/Responsible Adult:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Other _____			
<b>Legal Name:</b> _____			
First		Last	Suffix
<b>Living with Student:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Same as Student Home Address (Listed Above):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please provide full address information below			
<b>Home Address:</b> _____			
Physical Address – <b>Not PO Box</b>		City	State      Zip
<b>Mailing Address:</b> _____			
If different from Home Address		City	State      Zip
<b>Home Phone:</b> _____		<b>Cell Phone:</b> _____	
If different from Student Home Phone (Listed Above)		If different from Home Phone Number	
<b>Work Phone:</b> _____		<b>Email Address:</b> _____	
<b>Notification Phone:</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other _____			
Number receiving automated calls and emergency notifications			

## EMERGENCY CONTACTS

**Emergency Contact:** ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
First Last Suffix

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:** ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
First Last Suffix

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

## FAMILY MEMBERS

Please list other children living in the home with your student:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

## SERVICES RECEIVED

Check services that apply to this student:

☐ Special Education / IEP ☐ Speech Services ☐ Section 504 Plan ☐ Talented & Gifted (TAG) Program ☐ Behavior Plan ☐ ELL/LEP

☐ Title VII Indian Ed (Natives Program) \_\_\_\_\_  
Tribe Name

## ETHNICITY & RACE

Federal regulations require all U.S. schools to gather statistical data on students' ethnicity and race. If more than one race is chosen, your student will be reported as multi-racial. **Both ethnicity and race must be filled out.**

**Ethnicity – Hispanic/Latino:** ☐ Yes ☐ No

**Race – select at least one:** ☐ Black ☐ Native Hawaiian or Other Pacific Islander  
☐ Asian ☐ American Indian or Alaska Native  
☐ White ☐ Non-US Native American

## MILITARY SERVICE

The Oregon Department of Education requires school districts to report their parents' military status. If at any time during the school year, this student had a parent or guardian who was a member of the Armed Forces on active duty or full-time National Guard we need to report that status. This includes:

- **Students whose parents(s) are deployed, including:**
  - Students placed with a temporary guardian while one or both parents are deployed
- **Students whose parent(s) or guardian(s) are:**
  - Full-time Army, Navy, Air Force, Marine Corps, or Coast Guard active or training duty
  - Students at a school designated as a service school, while in active military
  - Full-time National guard members
  - Active Duty Reserves (members of the reserves who have been called to active duty for at least 180 consecutive days)
  - Dual Status Military Technicians

If this description fits your student's parental/guardian situation please check this box ☐ and sign \_\_\_\_\_

## PERMISSIONS

**Field Trips:** My student has permission to go on scheduled field trips included in the program of the school, within the school day. Transportation may be provided at the discretion of the school district in such form as approved by school administration. I may decline permission at any time or for any specific field trip.

☐ Yes (I agree to the terms listed above) ☐ No (I do not agree to the terms listed above)

**Consent for Treatment:** In the event of an accident or illness requiring medical attention, I understand that the school will attempt to notify me and will call for emergency medical services in the case of an injury or illness that is too serious to be treated with standard first aid. I also realize that the school district cannot be responsible for any expenses incurred in the treatment of students.

I consent to treatment, operations, or anesthetics, which may be ordered by my student's care provider or emergency medical personnel.

→ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MM / DD / YY

**Media:** The Lowell School District may use your child's image in photographs or videos relating to activities, awards, or events involving the district. If you would prefer that the Lowell SD not use your child's image, you may opt out.

☐ Check here if you **do NOT** want the Lowell School District to release your child's image to be included in any public outlet outside of the district, including publications, newspapers, news outlets, magazines, websites, and/or social media relating to the Lowell School District. This includes public media related to sports and sporting events.

☐ Check here if you **do NOT** want your child's image to be included in the yearbook, class picture, on bulletin boards, displays, in classrooms, halls or for use in the district.

## FOR HIGH SCHOOL STUDENTS ONLY

As required by federal law, Lowell School District will provide the names, addresses and telephone listings of high school students to military recruiters upon request. If you do not want your student's directory information released to military recruiters or post-secondary educational institutions, you may fill out and submit the Non-Release of Student Information Form in the high school office.

## MEDICAL INFORMATION

**Student's Doctor:** \_\_\_\_\_  
Name Phone

**Student's Dentist:** \_\_\_\_\_  
Name Phone

**Hospital of Choice:** \_\_\_\_\_

Please mark if your student has any of the following conditions:

ADD/ADHD	<input type="checkbox"/>	_____	
Hearing Loss	<input type="checkbox"/>	_____	
Speech Disorder	<input type="checkbox"/>	_____	
Vision Problem	<input type="checkbox"/>	_____	
Asthma	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening
Diabetes	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening
Physical Impairment	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening
Heart Problems	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening
Seizure Disorder	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening
Other	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening
Allergies	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening
Food Allergies	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening

Depending on your student's allergies, you may need to fill out a medical statement form in order for the district to provide food substitutions.

Please contact your school office for more information. – Lundy Elementary: (541) 937-2105 | Lowell High School: (541) 937-2124

**Is your student taking medication?** ☐ No ☐ Yes \_\_\_\_\_

**Will your student be taking medication at school?** ☐ No ☐ Yes \_\_\_\_\_

If yes, please fill out an Authorization for Medical Administration form.

## EMERGENCY SCHOOL DISMISSAL INSTRUCTIONS

On rare occasions it may be necessary to dismiss students from school early because of an emergency. If that should happen, we recognize that your normal plans for afterschool care may change. Please indicate below what your student should do in this situation. Please talk with your student about the plan to be certain he/she understands what you want them to do. School phone lines are limited. During an emergency it may not be feasible to reach us or we may not be able to communicate emergency plans or changes to you.

Choose one option only:

A. ☐ My student is to follow their regular dismissal plan, as if it were the end of the school day.

B. ☐ My student is to go to the residence of another student.

Student's Name: \_\_\_\_\_ Student's Grade: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

C. ☐ My student is to go to the residence of another responsible adult.

Adult's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

→ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
MM / DD / YY

## DISTRICT LIBRARY POLICY

Lowell School District libraries maintain a diverse collection of books and multimedia content that support school curricula. The library program helps students and staff locate and use library materials in a variety of formats. The program encourages students to use books and other library resources to stay informed, and promotes in students a lifelong love of reading.

To ensure that the libraries remain a safe and productive environment, student patrons must follow the rules listed below:

1. Be respectful of all library patrons and staff.
2. Maintain a reasonable level of quietness. Do not distract or disturb other patrons.
3. Promptly report disruptive or destructive behavior to library staff, including any violation of library or school policies.
4. Be engaged solely in activities that are associated with the use of the library – such as quiet reading, study and research.
5. Leave food and drink outside of the library – with the exception of water in a closed container.
6. Take care of all library books, materials, furniture and equipment.
7. Follow the District's Technology Acceptable Use Policy.
8. Do not print from library computers without staff permission.

Books at Lundy Elementary Library can be checked out for one week and renewals, when available, are given in one-week intervals. Books at Lowell High School Library can be checked out for two weeks and renewals, when available, are given in two-week intervals. Students are expected to return books in a timely fashion. **Students who have overdue books at the end of each school semester will be charged a late fee equal to half of the replacement cost of the book.**

Failure to abide by the District Library Policy may result in disciplinary action, including but not limited to the suspension of library privileges.

→ STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
MM / DD / YY

→ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
MM / DD / YY

## SIGNATURE

I verify that the information in this document is true and correct to the best of my knowledge, and hereby agree to its terms and conditions. If it is determined that the information I have provided is false, I acknowledge that my student could be removed from the school immediately.

→ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
MM / DD / YY

# LOWELL SCHOOL DISTRICT 71

## TECHNOLOGY USE POLICIES

### POLICIES OVERVIEW

The Lowell School District requires students and parents to review and sign the District Technology Use Policies form (the “Policies”) annually for them to use the technology in our schools. This form outlines the District’s requirements and expectations of individuals utilizing the District’s computers, network and associated technologies (the “Technologies”). Please sign and return this form if you want you or your student to have permission to use such District Technologies. The Policies are intended to harmonize with the policies stated in the Lowell District Policy Manual. To the extent any of the Policies conflict with the Lowell District Policy Manual, the policies in the Lowell District Policy Manual will be controlling.

### GENERAL USE POLICY

1. District Technologies are to be used solely in connection with the District’s educational purposes. The District is committed to providing students with equal access to District Technologies regardless of race, ethnicity, gender, handicap, or economic status.
2. All student use of District Technologies will be under the direct supervision of District personnel (i.e., a teacher, administrator or educational assistant). The superintendent will ensure there are Policies in effect designed to comply with the Children’s Internet Protection Act (“CIPA”). All components of District Technologies shall at all times remain the property of the District, and the District shall have the discretion, but not the obligation, to review any content stored on or communicated with District Technologies.
3. All use of District Technologies will be subject to all other District policies otherwise applicable to the activity.
4. All use of District Technologies will be subject to compliance with all federal, state and local laws and regulations.
5. A person who fails to comply with the General Use Policy shall be subject to disciplinary action, including, without limitation, an immediate suspension or revocation of a person’s right to use District Technologies, suspension or expulsion of a student, and dismissal of staff. Certain violations of District Policies may also be reported to law enforcement and may result in civil, criminal or administrative sanctions.

### ONLINE ACCESS POLICY

1. Any person accessing the internet with District Technologies shall comply in all respects with the General Use Policy.
2. All components of District Technologies shall at all times remain the property of the District, and the District shall have the discretion, but not the obligation, to review any content stored on or communicated with District Technologies.
3. District Technologies shall not be used to spam, hack, or otherwise encumber or cause harm to the computer and mobile systems of others.
4. District Technologies shall not be used to communicate information that is primarily of commercial or political nature, shall not be used to defame, harass, bully, discriminate or otherwise cause harm or embarrassment to other persons, and shall not be used to unlawfully upload, store, create derivative works from, copy, publish or perform the works of others protected by copyright or other intellectual property rights.
5. District personnel reserve the absolute right to remove any content from any component of District Technologies for any purpose. The District does not guarantee that any content stored on any component of District Technology will be secure and preserved.
6. A person who fails to comply with the Online Access Policy shall be subject to disciplinary action, including, without limitation, an immediate suspension or revocation of a person’s right to use District Technologies, suspension or expulsion of a student, and dismissal of staff. Certain violations of District Policies may also be reported to law enforcement and may result in civil, criminal or administrative sanctions.

## GOOGLE APPS FOR EDUCATION POLICY

Google Apps for Education is a free web-based suite of applications for schools to use. Students and staff can easily create, share and store documents on line to collaborate on projects and turn in assignments electronically. All of the Google Apps for Education tools can be accessed from any Internet connection at school or home, or with smart phones or other mobile devices.

The state of Oregon contract with Google provides that all students who use Google Apps for Education must have a signed parent consent on file with the school district. Further, the federal Children's Online Privacy Protection Act (COPPA) requires that operators of websites or web-based applications acquire verifiable parental consent for the collection or use of certain types of information from users under 13 years old. Accordingly, for your child to have access to Google Apps through the Lowell School District, you and your child must review, sign and return this consent form.

1. All users of the Lowell Google Apps for Education system must be aware of and agree to the following user guidelines:
2. All rules, regulations and guidelines already addressed in the Lowell District's Acceptable Use Policy document, as well as all local, state and federal laws, apply to the use of the Google Apps for Education system. Nothing illegal, obscene, discriminatory or otherwise deemed inappropriate under other school policies or outside laws may be entered into or displayed via the Google Apps for Education system.
3. Google Apps for Education is provided by the Lowell District solely for school projects. Users may not create or store Google Apps files or sites without the specific permission of a teacher or appropriate school employee. The District may remove or restrict access to all student materials on the Google Apps for Education system at any time.
4. Google Apps for Education users understand and agree that all users:
  - May receive invitations to collaborate.
  - Must be treated with respect.
  - Are expected to contribute fairly, citing sources whenever appropriate.
  - Are prohibited from sharing materials with people outside our school community.
  - Must report any violations of school policies or government laws immediately.
5. Deliberate destruction or vandalism of other users' data is prohibited. No materials should be deleted by a student without the permission of the person who created it.
6. The District's Google Apps for Education system may not be used to post any information related to commercial activities or political advocacy.
7. District employees have the right to monitor all postings and activities in the District's Google Apps for Education system, but do not undertake the responsibility to do so. District employees reserve the right to block, filter or remove any content from the Google Apps for Education system in their sole discretion.
8. All users of the District's Google Apps for Education system understand and acknowledge that the system, as an internet-based system, it is subject to all of the risks of the internet, including intermittent lack of access, loss of data and exposure to malicious software. When using the system away from school facilities, each student is solely responsible for the devices and software they use, including the use of appropriate anti-malware software.
9. The District's Google Apps for Education system will not be used by the District to solicit from any student under the age of 13 personally identifiable information, such as their full name, home address, email address, telephone number or any other information that would allow someone to identify or contact the student.

## SIGNATURE

I have read, understand and agree to abide by the District Technology Use Policies set forth in this document and I accept the potential consequences of not following the Policies. I also understand that the Policies are subject to the Lowell District Policy Manual. I recognize that the Policies may be supplemented by other policy statements and may be amended by the District from time to time.

→ PRINTED PARENT/GUARDIAN NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
MM / DD / YY

→ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
MM / DD / YY

→ PRINTED STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
MM / DD / YY

→ STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
MM / DD / YY

---

---

## RECENT ARRIVERS INFORMATION

---

---

### **TO BE FILLED OUT FOR ALL LOWELL SCHOOL DISTRICT STUDENTS**

**What** – The Oregon Department of Education is requiring that we collect information to determine the number of “Recent Arrivers” in our school district.

**Why** – Title III is a Federal grant that provides funding for language instruction for Limited English Proficient and Immigrant Students. Title III will use information about “Recent Arrivers” to help in distributing these funds. Therefore, the Oregon Department of Education is required to provide information about “Recent Arrivers” to the US Department of Education every year.

**Who** – All students/families must respond to this questionnaire.

Any student born outside of the US or Puerto Rico, **including foreign exchange students and students born abroad to military members**, must be included in the “Recent Arriver” count, if they meet all three criteria.

Student Name: \_\_\_\_\_

Student School: \_\_\_\_\_

**1** – Is the student **3 to 21** years of age? \_\_\_\_ Yes \_\_\_\_ No

Student Date of Birth: \_\_\_\_\_

**2** – Was the student born **outside of** the United States or Puerto Rico? \_\_\_\_ Yes \_\_\_\_ No

(This includes foreign exchange students and students born abroad to military members.)

**3** – Has the student attended school in the United States for **less than a total of three full school years?** \_\_\_\_ Yes \_\_\_\_ No

Date that student first attended school in the United States: \_\_\_\_\_

Has the student left US schools at any time since that date? \_\_\_\_ Yes \_\_\_\_ No

If yes, please give dates that student was not in US schools: \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_





## LANGUAGE USE SURVEY

**This form is given to all students entering into a school district for the first time.**

The purpose of the **Language Use Survey** is to help the school determine if your child qualifies for additional **Title III** supports in language instruction for English learners.

**Title III** provides support for English learners as defined by USED.

The State of Oregon honors the language and culture of its people and respects the over 166 languages in our schools, and recognizes that:

- Language is a key component of each person's cultural identity,
- Heritage and primary languages are instrumental in student academic and cultural success, and
- Students who are multilingual/multicultural may have an advantage over students with a single language and are valued in career placements.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Descriptions	Questions
<p><b>Communication Preferences</b> This question helps the school provide an interpreter or translated documents, free of charge, should you want them.</p> <p><b><i>This section is for informational purposes only. It is not used to identify your child for English language proficiency placement testing.</i></b></p>	<p>1. What language(s) would you prefer the school use to communicate with you?</p> <p>_____</p>
<p><b>Eligibility for Language Development Support</b> This section helps the school identify if your child should be assessed to receive support in academic English instruction.</p> <p><b><i>This section is used to identify your child for English Language Proficiency placement testing. A response other than English to questions #2, #3, and/or #4 may qualify your child for English language proficiency placement testing.</i></b></p>	<p>2. What is the primary language(s) used to communicate in your home?</p> <p>_____</p> <p>3. What language(s) did your child learn first?</p> <p>_____</p> <p>4. What language(s) is most often used by your child at home?</p> <p>_____</p>



## TITLE PROGRAMS ELIGIBILITY SURVEY

Parent/Guardian Full Name: \_\_\_\_\_

Street Address, City, State, ZIP: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Check all boxes that apply to your family.**

### Title 1-C Migrant Education Program

Assistance to youth ages 0-21 who move in order for them/their parents/guardians to seek or obtain temp work in agriculture, fishing or forestry.

- ☐ My family has moved within the last 3 years due to migrant work
- ☐ A person in my family has worked in or planned to work in agriculture, forestry and/or fishing
- ☐ None of the above apply to my family

### Title VII Indian Education Program

Assistance with tutoring/homework; mentoring & opportunities to participate in cultural events.

- ☐ My student/family identifies as American Indian/Alaska Native
- ☐ My student/self/grandparent is an enrolled tribal member
- ☐ None of the above apply to my family

### ESSA Title IX-A McKinney Vento Program

Assistance in accessing the right to an education, regardless of current living situation. Students receive free lunch & other services.

- ☐ We live doubled up with friends/relatives due to economic hardship
- ☐ We live in a motel, car, camper or campsite
- ☐ We live in a shelter or transitional living program
- ☐ Unsheltered
- ☐ Unaccompanied Youth
- ☐ None of the above apply to my family

### Children in the Household

Child's Name

School

Grade

DOB (m/d/yr)





Survey Number: \_\_\_\_\_  
[For School Use Only]

## **Household Income Survey 2019-2020**

**Even if your income does not meet these Income Eligibility Guidelines, you must return the survey in order for the school's survey to be valid.**

Your Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Circle your household size below, then answer the following questions:**

Household Size (Circle One)	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per mo.	If Paid Every Two Weeks	Weekly Income
1	\$ 23,107	\$ 1,926	\$ 963	\$ 889	\$ 445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
Each add'l family member add:	8,177	682	341	315	158

Is your income equal to or less than any of the amounts listed next to the number you circled? ☐ Yes ☐ No

Is your family participating in the Supplemental Nutrition Assistance Program (SNAP) – Oregon Trail Card? ☐ Yes ☐ No

Is your family participating in Temporary Aid to Needy Families (TANF)? ☐ Yes ☐ No

Is your family receiving Food Distribution Program on Indian Reservations (FDPIR)? ☐ Yes ☐ No

Do your students receive migrant, homeless or runaway education services? ☐ Yes ☐ No

**2. Please list all students in your household that attend school. (Enter the grade they will be entering in Fall, 2019. Write on back to list more than 5 students)**

Name	Grade	School

**3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**2020/2021 Parent Request for Student Bus Transportation****Lowell School District #71**

Student Name(s)	School	Circle One
		New Rider Existing Rider
		New Rider Existing Rider
		New Rider Existing Rider
		New Rider Existing Rider
		New Rider Existing Rider
		New Rider Existing Rider
		New Rider Existing Rider
		New Rider Existing Rider

**\*\*For new riders, allow 24 hours before transportation begins\*\***

Parent or Gardian Name (s)	Contact Number (s)	Relationship to Student

Other Acceptable Pick Up People:

		Circle Days Below:
Pick Up Address:		M TU WED THUR FRI
Drop Off Address (If Different):		M TU WED THUR FRI
Closest Intersection:		

Parent or Guardian Signature:

Date:

Note: If you would like to make a change to your student transportation needs, you can send a note with your student to school that must be turned into the office, or you must call the school office by 2 pm so that adjustments to their routine can be made. If your student does not have a note, we cannot make changes to their routine. Please help us keep your student safe and in the right place.