

GRANT COUNTY SCHOOLS

GRANT COUNTY SCHOOLS	Student Transportation Information Form			
Student		School	Grade	
Person Completing Form	1	Date _		
semester. Please complete completed by an adult and and complete the form. Plans to ride the buplans to r	Bus Information in the morning to school ous in the afternoon from schools BOTH in the morning to school ous BOTH in the morning to schools BOTH		he front office in each school. If not r other) will interview the student hool.	
To School	Physical Address	Adult Responsible	Contact Phone Number	
Home	Street Address	First and Last Name	Primary:	
School Use Bus # OR			Other: Other:	
Child Care Provider: School Use Bus #	Street Address	First and Last Name	Primary: Other: Other:	
From School	Physical Address	Adult Responsible	Contact Phone Number	
Home	Street Address	First and Last Name	Primary:	

Street Address First and Last Name Primary: <u>Home</u> Other: School Use Bus #_____ Other: OR **Child Care Primary: Street Address** First and Last Name Other: **Provider:** Other: School Use Bus #_____

THIS SIDE FOR SCHOOL USE ONLY

SCHOOL USE ONLY – Beginning of School Year

STUDENT T Code	
T-Code Entered In IC	
Verified/Entered By	
Date	

SCHOOL USE ONLY – January Review

Student T Code: (after Christmas Break)	
No Change in Information or Student T Code: (after	
Christmas Break)	
Change in T Code Made/T Code Verified in IC	
January Review Information Verified by	
January Review Information Verified/Entered in IC	
by:	