

2022/2023 Transportation Registration

Student Name: _____

School: _____ Grade: _____

Home Address: _____ Zip: _____

Parent / Legal Guardian: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Requested Date for Transportation Start: _____

School Office Only

- ☐ AM Preschool ☐ PM Preschool
☐ Full Day Preschool
☐ Kindergarten
☐ IEP, Special Transportation
☐ Other

Please complete for pick up and drop off for each day. (The Olympia School District may not be able to accommodate very complex schedules.)

Transportation To School (Pick Up)

	Mon	Tues	Wed	Thurs	Fri
No bus required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Pick Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alt. Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alt. Address Name: _____

Street: _____

Phone: _____

Transportation After School (Drop Off)

	Mon	Tues	Wed	Thurs	Fri
No bus required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Drop Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alt. Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alt. Address Name: _____

Street: _____

Phone: _____

KINDERGARTEN PARENTS

I understand that an adult or older sibling must wait at the bus stop for pick-up to go to school, and that families should arrive 5 minutes before the bus stop time. I also understand that the Olympia School District will not release a kindergarten student at the end of his/her school day without an adult or older sibling. An adult must come to the school to retrieve the kindergartener to walk, ride a bicycle or ride a city bus to a destination. Further, I understand that if my child rides the school bus from school, an adult or older sibling must meet the school bus, or my child will not be released by the bus driver. As with morning pick-up, I understand that the adult/sibling should arrive 5 minutes before the bus stop time for afternoon drop-off.

PRESCHOOL PARENTS

I understand that the Olympia School District will only release a preschool student at the end of his/her school day to a parent/guardian/or other pre-authorized designee. Further, I understand that if my child rides the school bus from school, a parent/guardian/or other pre-authorized designee must meet the school bus, or my child will not be released by the bus driver.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Individuals Authorized to Meet the Bus, or Pick-up my Child

Name	Relationship	Day Phone	Cell Phone	If Sibling, Age of Sibling

Transportation or Special Needs Office Only

Special Equipment: ☐ Wheel Chair ☐ Booster ☐ Harness ☐ Car Seat ☐ Other:

AM Rt.: _____ Stop Location: _____ PM Rt.: _____ Stop Location: _____

OSD Staff Case Manager: _____ Phone: _____

Notes: _____