

Dawson County Schools Transportation Department

Student Information

Elementary School

Student Name: _____ DOB: _____

School: _____

Address: _____

Subdivision: _____

Transportation Needed: AM only _____ PM only _____ AM & PM _____

Parent/Guardian Name: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Relationship to Student: _____

Student can be released to:

	Name	Phone Number	Relationship to student
1.	_____	_____	_____
2.	_____	_____	_____

Medical: Please list any allergies or medical conditions:

To ensure the safety of your child **No K-3rd grader will be let off unless an adult is present or an older sibling with a letter from Parent/Guardian is on file.**

Parent letter received Date: _____

Older sibling name: _____ Grade: _____

Name (please print): _____

Signature: _____

Relationship to Student: _____

Date: _____

Bus #: _____

Bus Driver Name: _____