



**SCHOOL** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

Home Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Please indicate how your child will be transported to and from school:**

\_\_\_\_\_ **FWCS Bus**

\_\_\_\_\_ **Car or Van**

\_\_\_\_\_ **Walk**

\_\_\_\_\_ **Other, please explain**

\_\_\_\_\_  
\_\_\_\_\_

**If using FWCS bus – please continue:**

***Pick up address*** (If different from home address):

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

Child Care provider name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

***Drop off address*** (If different from home address):

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

Child Care provider name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Special Information: \_\_\_\_\_

\_\_\_\_\_

This form needs to be completed and returned to:  
*FWCS, South Transportation Center*  
*6006 Ardmore Av., Fort Wayne, IN 46809*  
*Fax 467-1958*

<b>Office Use Only</b>	
Take in Bus #	_____
Driver Name	_____
Stop Location	_____
Time	_____
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Take home Bus #	_____
Driver Name	_____
Stop Location	_____
Time	_____
Effective Date	_____