Gladstone Area Public Schools
Student Transportation Information Form

1. <u>PLEASE PRINT CLEARLY</u>

Student Name:_____ Phone:_____

Student Address _____
(street)   (city)   (zip)

School: _____ Grade _____

Parent/Guardian _____ Phone: _____

Parent/Guardian _____ Phone: _____

_____

2. To School (choose only <u>one</u>)

☐ No AM transportation needed (Parent will transport)

☐ Pick up from home (address above)

☐ Pick up from daycare/alternative location

Name of Location _____
Address _____
Dates of pick up _____

3. From School (choose only <u>one</u>)

☐ No PM transportation needed (Parent will pick up)

☐ Drop off at home (address above)

☐ Drop off at daycare/alternative location

Name of Location _____
Address _____
Days of drop off: M_____T_____W_____TH_____F_____Weekly_____Every other week_____
Contact Person _____ Phone _____

Name of Location _____
Address _____
Days of drop off: M_____T_____W_____TH_____F_____Weekly_____Every other week_____
Contact Person _____ Phone _____