

Freeport, Parochial & Dakota  
Transportation Information Form  
2016- 2017 School Year

All Grades

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**Child's Legal Name:** \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

**Birth Date:** \_\_\_\_\_  
(mm/dd/yyyy)

**Home Address:** \_\_\_\_\_  
(Address, City, State ZIP Code)

**Attending School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Where will the child be picked up?** \_\_\_\_\_ **Address:** \_\_\_\_\_  
Home, day-care, grandparents etc. (Address, City, State ZIP Code)

**Where will the child be dropped off?** \_\_\_\_\_ **Address:** \_\_\_\_\_  
Home, day-care, grandparents etc. (Address, City, State ZIP Code)

**Parent/Guardian Name:** \_\_\_\_\_ **Phone 1:** \_\_\_\_\_

**Phone 2:** \_\_\_\_\_ (10 digit - numbers only)  
(10 digit - numbers only)

**Childcare Provider:** \_\_\_\_\_  
(Last Name, First Name)

**Phone:** \_\_\_\_\_ (10 digit - numbers only)

**Address:** \_\_\_\_\_  
(Address, City, State ZIP Code)

**Where will your child be dropped off when school is let out early?** \_\_\_\_\_  
(Home, day-care, grandparents etc.)

**Address:** \_\_\_\_\_  
(Address, City, State ZIP Code)

**Name of person expecting your child:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
(Last Name, First Name, Middle Initial) (10 digit - numbers only)

- My child will walk to the early release location.
- I will pick my child up at school when there is an early dismissal.
- My child will ride the bus to this location. (Bus eligible children only)

Parent/Guardian Signature

Date