

MURFREESBORO CITY SCHOOLS

KINDERGARTEN TRANSPORTATION REQUEST FORM



2024-2025



Parent/Guardian: Your child's transportation information will be available at their zoned school. **WE REQUIRE A PARENT/GUARDIAN or DESIGNATED PERSON TO BE AT THE BUS STOP TO GET YOUR KINDERGARTENER ON and OFF THE BUS.** If you or the designated pick-up people are not at the bus stop in the afternoon, your child will be taken back to school. If your child has to be returned to school 5 times, bus transportation could be suspended.

TODAY'S DATE: _____ SCHOOL: _____

CHILD'S NAME: _____ GRADE: **K**

CHILD WILL NEED TRANSPORTATION: _____ morning _____ afternoon _____ both

Grade Has my permission

SIBLINGS:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

PERMISSION TO GET OFF WITH AN OLDER CHILD: If your child rides the bus with a sibling or friend in 3rd, 4th, 5th or 6th grade, and you give permission for your Kindergarten child to get off the bus with that child, please place a check next to the sibling name(s) above, under "has my permission", or write the name & grade of child's friend below:

FRIEND: _____ GRADE: _____ FRIEND: _____ GRADE: _____

YOUR CURRENT ADDRESS: _____

PHONE #(s): _____ WORK #: _____

PERMISSION FOR PICK-UP: The following person(s) HAS MY PERMISSION to pick my child up at the bus stop in the afternoon and I understand that this person **MUST HAVE PICTURE IDENTIFICATION** with them to show the driver at the time of pick-up; otherwise, my child will be taken back to school. Please limit your pick-up list to a maximum of 4 people.

NAME

RELATIONSHIP TO MY CHILD

PARENT/GUARDIAN NAME (PRINTED)

PARENT/GUARDIAN SIGNATURE

TRANSPORTATION OFFICE USE ONLY:

A.M. BUS #: _____

P.M. BUS #: _____