

**Frederick County Public Schools**

**Middle School Transportation Form 2022-2023**

**Check Boxes for School Year: 2022**

**Start Date: 08/15/2022**

**School:**

**Name:**

**Current Grade:**

**Teacher:**

**Student Address:**

**Student Number:**

**Home Phone:**

**Emergency Phone:**

**Cell Phone:**

*Directions: Please fill this form completely and return to your child's school. You must check a box for every day of the week, to and from school. One caregiver per child*

<b>Pickup to School</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Bus from Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk from Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus from Caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Rec (no bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Drop-off from School</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Bus to Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk to Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus to Caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Rec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Caregiver Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**City, St Zip** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Signature Date:** \_\_\_\_\_

**Home Bus #** \_\_\_\_\_ **Location:** \_\_\_\_\_

*If Student starts school after the first day of school, please write in their actual start date:* \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE, OFFICE USE ONLY**

**Change Status:** ☐ **Approved** ☐ **Denied** **Time AM** **Time PM**

**Alternate Bus #** \_\_\_\_\_ **Location:** \_\_\_\_\_