



# **PRE-SCHOOL BUS TRANSPORTATION FORM**

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

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

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

\_\_\_\_\_

Mom Phone #: \_\_\_\_\_ Dad Phone #: \_\_\_\_\_

Mom Email: \_\_\_\_\_

Dad Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Days Attending: \_\_\_ MONDAY \_\_\_ TUESDAY \_\_\_ WEDNESDAY \_\_\_ THURSDAY \_\_\_ FRIDAY

Class Time: \_\_\_\_\_ Car seat: \_\_\_\_\_ 5 point \_\_\_\_\_ Booster

Pick up address: \_\_\_\_\_ Same as home address

Other: \_\_\_\_\_

Drop off address: \_\_\_\_\_ Same as home address

Other: \_\_\_\_\_

Daycare Provider Name: \_\_\_\_\_

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

Daycare Phone #: \_\_\_\_\_

**Parent/Guardian/Caregiver is required to bring child to vehicle and get child from vehicle.**

Koch Bus Service will contact parent/guardian with approximate time of pick up and drop off.

Questions, please call Koch Bus Service at (952)- 442-3370 or

email [stacy@kochbus.com](mailto:stacy@kochbus.com) or [brian@kochbus.com](mailto:brian@kochbus.com)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_