

**HARRISONVILLE CASS R-IX SCHOOL DISTRICT
TRANSPORTATION INFORMATION**

DATE ENROLLED _____

STUDENT'S NAME _____ GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN _____

HOME PHONE NO. _____ WORK PHONE NO. _____

PLEASE CHECK TWO STATEMENTS THAT APPLY.

_____ In the mornings, my child will not ride the school bus. I will provide transportation to school.

_____ In the mornings, my child will ride the school bus from the following address:

_____ In the afternoons, my child will not ride the school bus. I will provide transportation home.

_____ In the afternoons, my child will ride the school bus to the following address:

*****IF EITHER ADDRESS IS A SITTER, COMPLETE THE FOLLOWING*****

SITTER'S NAME _____

SITTER'S ADDRESS _____

SITTER'S TELEPHONE NUMBER _____

**IF EITHER ADDRESS ABOVE IS A RURAL ADDRESS
GIVE DIRECT AND SPECIFIC DIRECTIONS.**

BUS ASSIGNED: _____

PAY: _____