

REQUEST FOR SPECIAL TRANSPORTATION ARRANGEMENTS

Please complete the form below if you would like the transportation department to consider a drop off and or pick up location other than your home address.

ELEMENTARY & MIDDLE SCHOOL. If transportation is needed to and from your home address only, no action is necessary.

Walker Elementary- Please list all students, who will be attending *Walker Elementary next year* (GRADES K-4), who need transportation **other than from your home address for either morning pick up or afternoon drop off.**

Student's name _____ *Grade next year-2010-2011* _____

Student's name _____ *Grade next year-2010-2011* _____
(if more than 1 student attending Walker)

Student's name _____ *Grade next year-2010-2011* _____
(if more than 1 student attending Walker)

Home Address _____

Pick up address _____

Drop off address _____

Phone # _____

Faircrest Memorial Middle School - Please list all students, who will be attending FMMS during 2010-2011 (GRADES 5-8) who need **transportation other than from your home address for either morning pick up or afternoon drop off.**

Student's name _____ *Grade next year-2010-2011* _____

Student's name _____ *Grade next year-2010-2011* _____
(if more than 1 student attending FMMS)

Student's name _____ *Grade next year-2010-2011* _____
(if more than 1 student attending FMMS)

Home Address _____

Pick up address _____

Drop off address _____

Phone # _____

Canton South High School - Please list all students who will be attending CANTON SOUTH HIGH SCHOOL next year and WILL NEED SPECIAL TRANSPORTATION ARRANGEMENTS BY CANTON LOCAL:

Student's name (s) _____ *Grade next year-2010-2011* _____

Home Address _____

Pick up address _____

Drop off address _____

Phone # _____

PLEASE RETURN TO YOUR STUDENT'S SCHOOL BY JANUARY 29, 2010. THANK YOU!