



Quality Learning and Superior Performance for All

Transportation Department • 3710 Matt Highway • Cumming, Georgia 30024 • Telephone 770.888.1234 • forssyth.k12.ga.us

REGISTRATION FOR STUDENT TRANSPORTATION TO A CHILDCARE FACILITY

Student Full Name: _____

Primary Address: _____

Primary Phone: _____

School Name: _____ Grade: _____

Parent/Legal Guardian Name: _____

Daytime Phone Number: _____

Childcare Facility Name: _____

(Please Note: Transportation is not provided to all facilities, please confirm transportation availability before requesting.)

Facility Address/Location: _____

Facility Phone: _____ Contact Name: _____

Transportation Requested For: AM: _____ PM: _____ Both: _____

Effective Dates For Transportation: Start: _____ End: _____

Please Note:

- Students are allowed one bus stop location for pick-up and one bus stop location for drop-off, these locations may be different. Students are not allowed to have multiple pick-up locations and/or drop-off locations.
- Allow three days for processing.

Parent/Guardian Signature: _____ Date: _____

Transportation Office Use Only: Approved by District Supervisor _____ Date _____

AM Route # _____ Student/Stop Assignment _____ GIS-Update/Date _____

PM Route # _____ Student/Stop Assignment _____ GIS-Update/Date _____

Notified of change: _____ Driver (Rider authorized at times specified above) _____ Parent _____ school
_____ Regular Route Driver (Rider not authorized at times specified above)

Transportation Mission Statement

"We are professional and caring employees providing transportation services that protect students, support quality learning and improve the community."