



Transportation Department • 3710 Matt Highway • Cumming, Georgia 30040 • Telephone 770.888.1234 • Fax 770.888.1289
www.forsyth.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 Mission Statement

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