



Freeport School District
Transportation Information Form
2015 - 2016 School Year

All Grades

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Child's Legal Name: (Last Name, First Name, Middle Initial)

Birth Date: (mm/dd/yyyy)

Home Address: (Address, City, State ZIP Code)

Neighborhood School: Grade:

Attending School:

If neighborhood and attending school are different, check reason:

- HAPP, ESL, Magnet School, Transfer, Special Education

Childcare Provider (PK-6 grade only): (Last Name, First Name, Middle Initial)

Home Phone: (10 digit - numbers only)

Cell Phone: (10 digit - numbers only)

Address: (Address, City, State ZIP Code)

Where will the child be picked up? Address: (If Other, Please Provide) (Address, City, State ZIP Code)

Where will the child be dropped off? Address: (If Other, Please Provide) (Address, City, State ZIP Code)

Where will your child be dropped off when school is let out early? (If Other, Please Provide Below)

Address: (Address, City, State ZIP Code)

Name of person expecting your child: Home Phone: (Last Name, First Name, Middle Initial) (10 digit - numbers only)

- My child will walk to this location.
I will pick my child up at school when there is an early dismissal.
My child will ride the bus to this location. (Bus eligible children only)

Parent/Guardian Signature Date