

**Hartland Consolidated Schools**  
**Transportation Information Sheet**  
**2011/2012**

*PLEASE RETURN THIS FORM TO YOUR BUS DRIVER*

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Mothers Name \_\_\_\_\_ Fathers Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mother's Work # \_\_\_\_\_ Father's Work # \_\_\_\_\_

Cell/Pager # \_\_\_\_\_ Cell/Pager# \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Bus Number \_\_\_\_\_ Driver \_\_\_\_\_

Name, Address, & Phone Number of **EMERGENCY DROP-OFF:** (The emergency drop-off must be at an existing stop on your **child's own bus route.**)

\_\_\_\_\_

Name, Address, & Phone Number of **DESIGNATED PERSON(S)** that your child may be released to in your absence:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Conditions \_\_\_\_\_

- Due to medical conditions, does your child require an assigned seat on the bus? Yes \_\_\_\_\_ No \_\_\_\_\_

Behavioral Considerations \_\_\_\_\_

The medical and behavioral information is very important in helping us to assure your child will have a pleasant experience on the bus. Please fill out this form completely and return it to your student's bus driver as soon as possible. This information will be used by the bus driver only. Thank you for your cooperation. If you have any questions, please call the Transportation Office at (810) 626-2175.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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