

**Bay City Public Schools Transportation Department**  
**STUDENT TRANSPORTATION/DAYCARE/SHARED-CUSTODY FORM**

**PLEASE USE ONE FORM PER CHILD!**

Student Name \_\_\_\_\_ **2017-18** School Attending \_\_\_\_\_  
Last, First  
Telephone No. \_\_\_\_\_ Alt. Phone No. \_\_\_\_\_ **2017-18**Grade \_\_\_\_\_

Home Address of Student \_\_\_\_\_  
(No.) (N.S.E.W.) (Street) (St. Rd. Dr. Cir. Ave. Ln., etc.) (City) (Zip)  
1st Cross Street \_\_\_\_\_ 2nd Cross Street \_\_\_\_\_

**CHECK ANY THAT APPLY:**

- Our child *does not need* transportation in 2017-2018. Stop here, please check the box and return this form with your student's name/address at the top as indicated.**
- Our child *needs* transportation to & from HOME ONLY - no other sites in 2017-2018. Stop here, please check the box and return this form with your student's name/address at the top as indicated.**
- Our child *does not need* transportation to & from HOME, only from following Day Care/Shared-Custody Sites in 2017-2018.**
- Our child *needs* transportation to or from HOME and also from following Day Care/Shared-Custody Sites in 2017-2018.**
- School of Choice (*Out of District*) / Building of Choice (*Other than home school*)**  
Please complete entire form.  
Dispatch Office will review your requests & provide transportation as allowed within their guidelines.
- Gifted & Talented Program**  
Please complete entire form.  
Dispatch Office will review your requests & provide transportation as allowed within their guidelines.
- Special Education**  
Please complete entire form.  
Bussing is provided for this program of need. If however, a program is offered in two locations and a parent opts for a choice that involves additional transportation, bussing will not be provided.
- Wenona Alternative Center**  
Please complete entire form.  
Dispatch will review your requests & provide transportation as allowed within their guidelines.

**DAYCARE/SHARED-CUSTODY INFORMATION**

**AM Pick-up Address**(for DayCare/Sitter/Shared -Custody (*name/phone*): \_\_\_\_\_):

\_\_\_\_\_  
(No.) (N.S.E.W.) (Street) (St. Rd. Dr. Cir. Ave. Ln., etc.) (City) (Zip)  
1st Cross Street \_\_\_\_\_ 2nd Cross Street \_\_\_\_\_

**PM Take-home Address** (for DayCare/Sitter/Shared -Custody (*name/phone*): \_\_\_\_\_):

\_\_\_\_\_  
(No.) (N.S.E.W.) (Street) (St. Rd. Dr. Cir. Ave. Ln., etc.) (City) (Zip)  
1st Cross Street \_\_\_\_\_ 2nd Cross Street \_\_\_\_\_

Your signature on this completed form and returned to us indicates your understanding and agreement of the Transportation Policy.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

**Please return form to: Bay City Public Schools, Transportation Dept., 480 Midland Road, Bay City, MI48706**