

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

IF your child does not need transportation in 2017-18, stop here – you do not need to return this form.

**PLEASE FILL OUT ONE FORM PER CHILD!**

Student Name \_\_\_\_\_ **17-18 School Attending** \_\_\_\_\_

Last, First

Telephone No. \_\_\_\_\_ Alt. Phone No. \_\_\_\_\_ **17-18 Grade** \_\_\_\_\_

Home Address of Student \_\_\_\_\_

(No.) (N.S.E.W.) (Street) (St. Rd. Dr. Cir. Ave. Ln.) (City) (Zip)

1st Cross Street \_\_\_\_\_ 2nd Cross Street \_\_\_\_\_

- Our child needs transportation to & from HOME only, in 2017-2018.
- Our child does not need transportation to & from HOME, only from following DayCare/Shared-Custody Sites in 2017-2018.
- Our child needs transportation to or from HOME and also from following DayCare/Shared-Custoday Sites in 2017-2018.

**Dispatch Office will review your requests & provide transportation as allowed within their guidelines.**

**DAYCARE/SHARED CUSTODY INFORMATION**

**AM Pick-up Address** (for Day Care/Sitter *(name/phone)*): \_\_\_\_\_):

(No.) (N.S.E.W.) (Street) (St. Rd. Dr. Cir. Ave. Ln.) (City) (Zip)

1st Cross Street \_\_\_\_\_ 2nd Cross Street \_\_\_\_\_

**PM Take-home Address** (for Day Care/Sitter *(name & phone)*): \_\_\_\_\_):

(No.) (N.S.E.W.) (Street) (St. Rd. Dr. Cir. Ave. Ln.) (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, MI 48706**