

GREENVILLE COUNTY SCHOOLS TRANSPORTATION DEPARTMENT
"Transporting With Care"

**Student Transportation Status
2011-2012**

PLEASE PRINT ALL INFORMATION.

School Name: _____

Student's Name: _____ Grade: _____

Student's Street Address: _____

Student's City: _____ Zip: _____

Arrival Method:

(circle one)

Car	(22)
Walk / Bicycle	(33)
Regular Bus	(44)
Magnet/IB Bus	(See Magnet Coordinator)
Special Ed Bus	(77)
Special Ed (Wheelchair)	(79)
Day Care Bus	(99)

Departure Method:

(circle one)

Car	(22)
Walk / Bicycle	(33)
Regular Bus	(44)
Magnet/IB Bus	(See Magnet Coordinator)
Special Ed Bus	(77)
Special Ed (Wheelchair)	(79)
Day Care Bus	(99)

Parent/Guardian Name: _____

Parent Contact Numbers: _____ ; _____ ; _____

Entered in PowerSchool: _____ Employee initials: _____ Date: _____

Parent: Return completed form to school
School: After entry in Powerschool, fax to appropriate Bus Center

Rev. 1/1/11