

GREENVILLE COUNTY SCHOOLS TRANSPORTATION DEPARTMENT
"Transporting With Care"

Student Transportation Status
2010-2011

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 (55)
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 (55)
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