

**Gardner-Dickinson School**

**REQUEST FOR TRANSPORTATION TO PRIVATE SCHOOLS**

New residents must submit a written request immediately after establishing residence in the district. Please fill out this form even if you plan to transport your child yourself or your child will be driving.

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade 2023-2024

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

Student Resides With: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Will need transportation: \_\_\_\_\_ AM \_\_\_\_\_ PM Will provide own transportation: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Medical Concerns (asthma, allergies, etc.) \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**AM Pick-up** HOME OR OTHER *Circle one*

Other-Name \_\_\_\_\_

Address- \_\_\_\_\_

Phone- \_\_\_\_\_

**PM Drop-off** HOME OR OTHER, (ex.TSL, CASE) *Circle one*

Other-Name \_\_\_\_\_

Address- \_\_\_\_\_

Phone- \_\_\_\_\_