

KINDERGARTEN TRANSPORTATION FORM

Welcome to Kindergarten transportation! Here are a few things you will need to know, as well as space to tell us what we need to know. Please complete this form at your conference date and return to the teacher.

All kindergarten students must be met by an adult at the bus stop. If there is not a responsible adult to meet the student, the student will remain on the bus and be returned to the Transportation Center, where a parent can pick them up. Pick-up and drop off times may fluctuate the first few weeks while we establish our routes. Please make sure you are at your child's stop at least 5 minutes early.

Your child will be wearing an identification tag for the first three weeks of school, please remove tag when child is delivered home. Your child will receive a new identification tag daily to ensure their safe delivery to the correct location. Please be sure to contact your school secretary if you need to change your child's afternoon bus route destination so that the correct information can be put on the identification tag.

When boarding and disembarking the bus please make sure that you and your student make eye contact with bus driver. The driver will signal you when it is safe to approach the bus and/or cross the street. When crossing, cross only in front of the bus.

Be aware that transportation may not be possible for students who attend schools outside their school boundaries or who attend daycare outside their school boundaries.

Does your student require Sequim School District transportation?

Student's Name: _____ School Attending: _____

Yes No Unsure

If you answered no, please sign, date at the bottom, if you answered yes or unsure please print the following information:

Address: _____
(Where student will be picked up at the beginning of their school day).

Address: _____
(Where student will be transported at the end of their school day).

*If there is a secondary place that your child will be transported, please list here:

Address: _____

Adult meeting your student:

Name _____ Relation to student _____ Phone Number: _____

Name _____ Relation to student _____ Phone Number: _____

Emergency contact:

Name _____ Relation to student _____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____