

Portage Public Schools

THE FUTURE LEARNS HERE

Transportation Department

8107 Mustang Dr
Portage, Michigan 49002-5433

phone: 269.323.5151
fax: 269.323.5193

STUDENT TRANSPORTATION REQUEST

Student Name: _____ Date of Birth: _____ Today's Date: _____

REQUESTED School and Grade Assignment: _____

Home Address: _____ Home Phone: _____

City/Zip Code: _____

Student Resides With: Name Relationship Daytime Phone #

1) _____

2) _____

Transportation Needs

In order for the transportation department to provide a safe and orderly environment for your child, parents/guardians are encouraged to identify one (1) pick up and one (1) drop off location for the school year. The bus stop may or may not be located at the home address. However, students will be assigned within the prescribed walking distance. Any changes must be made in writing. Thank you in advance for your support and cooperation.

PICK UP:

☐ At Home

☐ At Curious Kids

☐ At Other Child Care: Name: _____ Phone: _____

_____ Address: _____

☐ Transportation not required

DROP OFF:

☐ At Home

☐ At Curious Kids

☐ At Other Child Care: Name: _____ Phone: _____

_____ Address: _____

☐ Transportation not required

Please return this form to the person registering your student(s).

☾ For Office Use Only

APPROVED School and Grade Assignment: _____ **SIS** Student Number: _____

Comments or notes: _____

Enrolled/Authorized By: _____ Date: _____