

CREST U.S.D. 479
TRANSPORTATION DATA SHEET
2023-2024

Student's Full Legal Name: _____

Transportation Address: _____

City: _____ State: _____ Zip Code: _____

The following people are authorized to pick my student up from school:

Name	Relationship	Phone #

Please select those that apply to your student:

<input type="checkbox"/>	My student will be riding the bus to and from school.
<input type="checkbox"/>	My student will be riding the bus in the morning only.
<input type="checkbox"/>	My student will be riding the bus in the afternoon only.

Additional Comments:

Parent Signature: _____ Date: _____