

Lexington School District Four

Transportation Declaration

A Transportation Declaration form is needed for each student to ensure that every child is transported safely to and from the correct location. If your transportation needs change at any time, a new Transportation Declaration form must be completed and on file at the school office **24 BUSINESS HOURS** prior to a change being made. Students will be transported in accordance with the Transportation Declaration form on file with the school and the Transportation Department.

For the safety of your child:

1. Students second grade and under will **not** be dropped off by bus without an older sibling accompanying the younger student or a caregiver present at the drop off. (The person receiving the child must be on the child's pickup list.)
2. No transportation changes will be made by phone except in an extreme emergency. Lexington District Four is not responsible for students dropped off on school grounds prior to the identified time for which supervision is provided or left on school grounds after identified time for which supervision is provided.

PLEASE PRINT CLEARLY

Student Name:	(First)	(Middle)	(Last)
School:	Grade:		Age:
Morning Pick Up Location - Check One -		Afternoon Drop Off Location - Check One -	
<input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Walker** <input type="checkbox"/> Day-Care Van		<input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Walker** <input type="checkbox"/> Day-Care Van <input type="checkbox"/> After-School Care	
If bus, Pickup Street Address:		If bus, Drop-Off Street Address:	
Emergency contact information - should there be a question concerning how your child is being transported home during the year. List first (1) and second (2) contact below. Please print.			
Emergency Contact Name	Home Phone	Cell Phone	Relationship to Child
(1)			
(2)			
**Students that are designated as "Walkers" are not the responsibility of Lexington District Four when the child is: (1) not on school grounds or (2) not in a supervised area as designated by school administration during school hours for which supervision is provided.			
Describe other transportation arrangements that may be necessitated by your job. (Example: change in shifts)			
Signature of Person Completing Form		Relationship to Student	Date

OFFICE USE ONLY	Bus # Assigned:	Beginning Change Date:	AM / PM
	Date/Time Received:	Initial of office personnel:	