

School Office Only

- AM Preschool     PM Preschool
- Full Day Preschool
- Kindergarten
- IEP, Special Transportation
- Other

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Requested Date for Transportation Start: \_\_\_\_\_

**Please complete for pick up and drop off for each day.** (The Olympia School District may not be able to accommodate very complex schedules.)

AM Transportation	PM Transportation																																																
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**KINDERGARTEN PARENTS**

I understand that an adult or older sibling must wait at the bus stop for pick-up to go to school, and that families should arrive 5 minutes before the bus stop time. I also understand that the Olympia School District will not release a kindergarten student at the end of his/her school day without an adult or older sibling. An adult must come to the school to retrieve the kindergartener to walk, ride a bicycle or ride a city bus to a destination. Further, I understand that if my child rides the school bus from school, an adult or older sibling must meet the school bus, or my child will not be released by the bus driver. As with morning pick-up, I understand that the adult/sibling should arrive 5 minutes before the bus stop time for afternoon drop-off.

**PRESCHOOL PARENTS**

I understand that the Olympia School District will only release a preschool student at the end of his/her school day to a parent/guardian/or other pre-authorized designee. Further, I understand that if my child rides the school bus from school, a parent/guardian/or other pre-authorized designee must meet the school bus, or my child will not be released by the bus driver.

Printed Name of Parent/Guardian: \_\_\_\_\_

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

**Individuals Authorized to Meet the Bus, or Pick-up my Child**

Name	Relationship	Day Phone	Cell Phone	If Sibling, Age of Sibling

Transportation or Special Needs Office Only

Special Equipment:     Wheel Chair     Booster     Harness     Car Seat     Other:

AM Rt.: \_\_\_\_\_ Stop Location: \_\_\_\_\_      PM Rt.: \_\_\_\_\_ Stop Location: \_\_\_\_\_

OSD Staff Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Notes: \_\_\_\_\_