

TRANSPORTATION AGREEMENT

Name: _____ Grade: _____ Birthdate: _____

School: _____ Teacher: _____

Current Address: _____

Address History: _____

Phone: _____

Siblings:

Grade:

Birthdate:

Transportation History:

Reason for Need of Transportation Assistance: _____

Distance From School: _____ District of Residence: _____

Transportation Plan: _____

Affidavit of Need: I, _____, need assistance from the school district as I have no alternative means to deliver my child to school on time. I agree to have my child on time and to attend school every day. I also agree to notify the district if our situation changes or we no longer require this assistance. I agree to follow up with the district every _____ days.

Parent's Signature(s): _____ Date: _____

District Signature: _____ Date: _____