

**Anchor Bay Schools  
Transportation Department  
51890 Washington  
New Baltimore, MI 48047  
(586)-725-4220 – Fax (586)725-4223**



**TO: The Parents / Guardians of Anchor Bay Students:**

**RE: Transportation Request Form & Alternate Transportation Form**

Anchor Bay Schools Board Policy provides for Transportation Services to all eligible students attending school serviced by their attendance boundary.

In order to create efficient bus routes, it is important to know which students will require transportation services. If your student will require transportation, please contact the Transportation office or go online at [www.anchorbay.misd.net](http://www.anchorbay.misd.net) to obtain the transportation form(s). Please complete the form(s) and return it to either the school office or the Transportation office by Wednesday 6-14-2006

**Transportation Information:**

- All students must complete the Transportation Request form whether by indicating they are requesting or declining transportation services.
- Our department needs a form from each student indicating their transportation request for our records.
- All student bus stop assignments are determined by their home address. If your child will be picked up or dropped off at an alternate stop due to child care arrangements please note this information on the “**Transportation Request Form**” and fill out the “**Alternate Bus Form**”. (*Criteria for the Alternate Bus Stop is indicated on the form enclosed*). Failure to fill out the Alternate Bus Form will have your student assigned to a bus stop in your neighborhood and may cause a delay in your student’s transportation requirement.

**Anchor Bay Schools**  
**Transportation Request Form**  
**586-725-4220 Office 586-725-4223 Fax**

**School Year: 2006-2007**

**PLEASE PRINT THE FOLLOWING INFORMATION:**

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE AREA CODE

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE

School Attending: \_\_\_\_\_

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

My child **WILL NOT** require transportation: \_\_\_\_\_

( I understand that my child will not be assigned to a bus route: \_\_\_\_\_  
initials

My eligible child **WILL** require transportation at the following times

(check all that apply)

Grades 1-12 A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Kindergarten Transportation To School \_\_\_\_\_ Home from School \_\_\_\_\_

*Kindergarten students that will require transportation please check both boxes, assignments have not yet been decided. If your student lives in a walking area, they will be provided transportation one way.*

My child **WILL** be picked up \_\_\_\_\_ dropped off \_\_\_\_\_ at an alternate location

*"Alternate Bus form is to be filled out. A copy is attached. Return both forms before bus assignment can be made.*

Parent / Guardian

Signature: \_\_\_\_\_