

Date: _____

Bus # _____

Stop # _____

Bus Driver _____

Office use: Driver _____ Copy _____ Added _____ Parent contacted _____
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**DEKALB COUNTY EASTERN COMMUNITY SCHOOL DISTRICT
TRANSPORTATION**

_____ New Student

_____ New Address

_____ Student Withdrawn Withdrawal Date _____

_____ New Sitter

Parent's Name _____

Address _____

AM PM Telephone _____

Sitter's Name _____

Address _____

AM PM Telephone _____

Student's Name

_____ Grade _____

_____ Grade _____

_____ Grade _____

Medical Concerns _____

Date to begin transportation _____