



# LEXINGTON CUSD #7

## BUS TRANSPORTATION 2018-2019

Eligible students will be transported to and from their home address only. If your child needs to be picked up or dropped off at an alternate location you must first notify the school to get approval.

**\*\*\* Please fill form out completely and return back to school by May 18, 2018 \*\*\***

Student Full Name(s): _____	Grade _____
_____	_____
_____	_____
_____	_____
_____	_____

Parent Names: \_\_\_\_\_

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

City: \_\_\_\_\_

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

PLEASE INDICATE YOUR CHILD'S TRANSPORTATION NEEDS FOR THE 2018-2019 SCHOOL YEAR:

_____	My child WILL NOT use bus transportation	
_____	My child WILL NORMALLY ride the bus	AM _____ PM _____
_____	My child WILL RIDE ONLY WHEN I CALL	AM _____ PM _____