

TRANSPORTATION INFORMATION

Dallas School District #2

Student Name: _____

Circle one: ☐ Bus ☐ Walk ☐ Drive

Pick up address: _____ ☐ Home or ☐ Day Care?

Days of the Week: ☐ M ☐ TU ☐ W ☐ TH ☐ FR

Drop off Address: _____ ☐ Home or ☐ Day Care?

Days of the Week: ☐ M ☐ TU ☐ W ☐ TH ☐ FR

Parents Name: _____ Phone# _____

Day Care Contact: _____ Phone# _____

Latch Key KG-5th : ☐ Yes ☐ No

Days of the Week: ☐ M ☐ TU ☐ W ☐ TH ☐ FR

Does your student plan to park on the DHS campus? ☐ Yes ☐ No

Transportation Department Only:

Pick up: Bus # _____ Time _____ ☐ M ☐ T ☐ W ☐ TH ☐ FR

Drop off: Bus # _____ Time _____ ☐ M ☐ T ☐ W ☐ TH ☐ FR

Notes: