

**KINDERGARTEN 2025-2026**  
ALLEGANY COUNTY BOARD OF EDUCATION  
PUPIL TRANSPORTATION INFORMATION

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last Name First Middle Initial

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

Parent or Guardian: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Emergency Number and Contact Person: \_\_\_\_\_  
\_\_\_\_\_

SELECT ONE: NON-TRANSPORT (WALKER): \_\_\_\_\_ NON-TRANSPORT (OUT OF DISTRICT): \_\_\_\_\_

TRANSPORT (BUS ELIGIBLE): \_\_\_\_\_

BUS STOP – IF YOU KNOW THE BUS STOP, PLEASE LIST BUS NUMBER AND STOP LOCATION.  
IF NOT, LEAVE BLANK.

BUS NUMBER: \_\_\_\_\_

BUS STOP: \_\_\_\_\_

AM/PM Bus Stop (If either the AM pick-up or the PM drop-off is different than the home address, list address.)

AM: \_\_\_\_\_

PM: \_\_\_\_\_

**TRANSPORTATION OFFICE USE**

\_\_\_\_\_ BUS NUMBER (AM)

TIME: \_\_\_\_\_ STOP: \_\_\_\_\_

\_\_\_\_\_ BUS NUMBER (PM)

TIME: \_\_\_\_\_ STOP: \_\_\_\_\_