

PRE-KINDERGARTEN 2024-2025

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: _____