

Bus Rider Planning Survey		Family Last Name:												
_____ School Year		Address:												
		PO Box:												
		City/State/Zip:												
Family Info	Parent/Guardian	Phone Number			Employment									
	Father - Last Name, First Name	Daytime	Evening	Cell	Place of Employment									
	Mother - Last Name, First Name	Daytime	Evening	Cell	Place of Employment									
	Email: (If you use at least once per day)													
Students in our family currently ride bus number >>>>		Morning	Afternoon	Do not Ride a Bus (Check) <input type="checkbox"/>										
Instructions	Please complete the information below for next school year. List all students in your family. Specify for each child whether they will ride always, usually, etc., for the morning and the afternoon. Also note whether they will be riding from their stop at home or at the sitter's. If your child will be picked up or dropped off at the sitter's, please complete the babysitter information below. Each child may have one stop in the mornings and one stop in the afternoons.													
Definitions	How often the student plans to ride helps us balance bus loads. We will not assign students to a bus if they "never" plan to ride; however, we <u>will</u> do so at a later time if family circumstances change.		Always: Every day the child goes to school Usually: Most of the time. Hardly ever misses Sometimes: About half the time Seldom: Rarely Never: Student does not intend to ride at all.											
Student Information	Student Data		Mornings			Afternoons								
	Student's Name (Include last name if different than family name)	Grade	Pick up location (circle one)	(Check One)					Drop Off location (circle one)	(Check One)				
			Always	Usually	Sometimes	Seldom	Never	Always	Usually	Sometimes	Seldom	Never		
			Home Sitter						Home Sitter					
			Home Sitter						Home Sitter					
			Home Sitter						Home Sitter					
			Home Sitter						Home Sitter					
			Home Sitter						Home Sitter					
			Home Sitter						Home Sitter					
Sitter	Sitter's Name:			Phone:										
	Address:													
Please list below or on the backside any additional information that pertains to bussing arrangements for your children next school year. We realize that your family plans may change before school starts. Complete the information above as accurately as you can and advise below if your answers are tentative. Please call or email my office as soon as possible if your plans change. (killiab@sh.noacsc.org or 419-678-4834, ext 2105)														

**Return this form to school with your child or send to the
Transportation Office**