

**PLYMOUTH COMMUNITY SCHOOL CORPORATION
TRANSPORTATION INFORMATION SHEET**

701 E Berkley Street, Plymouth, IN 46563 * PH: 574-936-3169 * FX: 574-935-4806
Email: transportation@plymouth.k12.in.us
http://www.plymouth.k12.in.us/directory/transportation.cfm

For Transportation Use Only
Effective: _____
Initials: _____
Date: _____

Date: _____

Please mark all that apply: _____ Student New to PCSC _____ Change of Address
 _____ New Alternate Stop _____ Revised Alternate Stop

If eligible, is bus transportation needed? _____ Yes _____ No

STUDENT / HOME INFORMATION

Student Name: _____
School Attending: _____ Grade: _____
Home Address: _____
Parent/Guardian Name(s): _____
Phone Number(s): _____
Email(s): _____
Home Bus Information: _____
(Completed by Transportation)

ALTERNATE STOP INFORMATION

If pick-up and drop-off is the student's home, mark "home" in the space. If same location every day, mark "same" in the space.

	AM Pick-Up Name, Address & Phone	PM Drop-Off Name, Address & Phone
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Due to family situations my child will not always be picked up or dropped off at our residence. I realize the availability of transportation to or from other points is a service provided by the Plymouth Community School Corporation. In accordance with the policies of the school corporation, I am making a commitment to the above transportation plan for my child. The plan will not be altered without written documentation from me or in extreme cases, verbal communication with the office of my child's school.

- * **NOTE: A new form MUST be completed for every school year.**
- * **When complete, return to school, email or fax number above.**
- * **Transportation Department requires at least a 24 hour notice to make any changes.**
- * **You must notify the school by noon for transportation to an "As Needed" location.**
- * **Please refer to the PCSC Transportation website for our Policies and Procedures.**

Parent/Guardian Signature: _____