



2017-2018 Student Transportation Form

3755 Church Street
Zachary, LA 70791
225.658.4969
Fax 225.658.5261
www.zacharyschools.org

April 21, 2017

To: Parents/Guardians of :
Subject: Bus Transportation- 2017-18 School Year

The Zachary Community School System is currently developing transportation plans for the 2017-2018 School Year that begins Wednesday, August 9, 2017. In order to properly prepare, we are requesting your assistance by providing First Student with the necessary information, so we may ensure the best service possible to our students.

We are requesting that you:

- Please verify that the information below reflects the correct morning and afternoon bus addresses for your child.
- Make any necessary corrections in the spaces provided.
- Sign and return completed information sheet(s) to your children's school by Thursday, April 27, 2017.
- Please return your child's transportation sheet regardless if they require transportation or not.
- **Failure to return correct information may result in your child not having bus transportation at the beginning of the 2017-2018 school year.**
- It is extremely important that all available telephone numbers be provided in the appropriate blanks on the request form, in the event the school system or transportation provider needs to contact a parent or guardian regarding transportation needs for a child.

Thank you,

Scott Devillier
Superintendent of Schools

I, (parent/guardian's name) _____ DO DO NOT
want bus service for my child for the 2017-2018 school year. If you DO NOT want bus service for your child, please indicate above, and sign on the signature line below. If you DO WANT bus service for your child, please enter ALL requested information on this form and return to your child's school. If a student does not need transportation in the morning or evening because of other arrangements, please indicate by writing "no ride" in the morning or afternoon box.

Morning Bus Address:	_____	<input type="checkbox"/> Ok as is	Corrected Address:
Afternoon Bus Address:	_____	<input type="checkbox"/> Ok as is	Corrected Address:

Parent/Guardian Signature _____

Parent/Guardian Name _____

Physical Home Address (No P.O. Boxes) _____ City, Zip _____

Home Phone Number: _____

Work Phone Number of Mother: _____ Cell#: _____

Work Phone Number of Father: _____ Cell#: _____

Other Emergency Names and Phone : _____

If your child receives Special Education services, does your child's I.E.P. indicate special transportation services be provided? Yes No