Chippewa Valley Schools

Transportation Department

19120 Cass Avenue

Clinton Township, MI 48038

(586) 723-2160 Fax (586) 723-2161

Email: transportation1@cvs.k12.mi.us



KINDERGARTEN TRANSPORTATION INFORMATION AND RELEASE FORM

(Please complete this form and return to your child's school as soon as possible)

Students Full Name: _____

Student's school:_____ School Year:_____

Birth Date:_____ Gender:_____ Nickname:_____

Parent/Guardian Name:_____

Street Address:_____

City:_____ Zip Code:_____

Phone:_____ Fax:_____

Cell:_____ Email:_____

Contact(s): People who are authorized to pick up your child from the bus stop. (**These people NEED to be on your student's contact list on POWERSCHOOL and at your child's school).**

Name:_____ **Phone:**_____

Name:_____ **Phone:**_____

Name:_____ **Phone:**_____

Medical/Allergies/Medicines:_____

_____

Please note that if the contact(s) change throughout the year, it is necessary to fill out a new form.

Other Information/Comments:_____

_____

Parent Signature:_____

Transportation Office Signature:_____ **Date:**_____