

SAGINAW ACADEMY OF EXCELLENCE

A PUBLIC CHARTER SCHOOL MANAGED
BY ACCEL SCHOOLS

APPLICATION FOR TRANSPORTATION

Please complete a separate form for each student you have riding the bus. Multiple students are not permitted to be listed on the same form.

STUDENT INFORMATION

Please Print Clearly

Student Name: _____ DOB: _____

Grade: _____ Classroom Teacher: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Mother/Guardian Name: _____

Father/Guardian Name: _____

EMERGENCY CONTACT INFORMATION

Emergency Contacts-Please provide at least 3 emergency contacts the transportation provider may call in case of an emergency.

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Emergency Contact #3: _____ Phone: _____

OFFICE USE ONLY

Bus: (a.m.) _____ (p.m.) _____



STUDENT SAFETY

Mandatory for students in Kindergarten, 1st, 2nd, 3rd Grades Only.

The transportation provider is not legally responsible to insure someone is at the bus stop at the time a student is discharged from the school bus. However, it is best practice to transfer custody of students in grades K-3 directly to a responsible adult at the bus stop. In practice this means if an authorized adult is not at the bus stop at the scheduled drop off time, the student will not be permitted to exit the bus and will be returned to the bus garage until an authorized adult can be located. Please indicate below if you are requesting your student be met by an authorized adult OR is allowed to proceed home from the bus stop on their own.

I **DO NOT** give you permission to leave this student alone at their bus stop. If I am not at the bus stop location, the following individuals may receive my child.

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

I **DO** give you permission to leave this student alone at their bus stop. I assume total responsibility and Will not hold the transportation provider, driver, or Saginaw Academy of Excellence responsible for the Student's safety after they have been delivered to their assigned bus stop.

Parent/Guardian Name:

Signature: _____ Date: _____

TRANSPORTATION USE ONLY

Bus/Route Assigned to:		Pick up time:	
Drop off time:		Effective Date:	
Notice Provided to the school on:		By:	

Please note: Your child's bus assignment is not final until you receive an official notification from Auxilio Services.