

EDUCATING THROUGH AN INDIGENOUS LENS

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BUS TRANSPORTATION APPLICATION 2020-2021

Child's Name:		Date:
Parent/Guardian Name(s):		
		Apt
City		Zip
Phone -Home:	Work:	Cell:
	TRANSPORTATION	REQUEST
Transportation TO SCHOOL	□ Yes □ No	
Transportation FROM SCHOOL	□ Yes □ No	
Pick up location HOME	□ CHILDCARE*	□ OTHER* (* Please list complete address)
Street		Apt
City		Zip
Drop off location HOME	☐ CHILDCARE*	☐ OTHER* (* Please list complete address)
Street		Apt
City		Zip
OR		
NO BUS TRANSPORTATION We will provide our own		m Bdote Learning Center Charter School.
Parent/Guardian Signature:		Date:

This application will be reviewed by the administration and the bus company. They will then determine pick-up and drop-off locations that best fit routing and scheduling for all Bdote Learning Center Charter School children.

Bdote Learning Center Charter School may cancel a child's privilege to ride the bus at any time due to safety/discipline issues.

If a child does not ride the bus for ten (10) consecutive days the stop may be cancelled.