



2017-2018 Zeeland Public Schools Student Transportation Information Form

DISTRICT POLICY: Bus routes shall be established so that an authorized bus stop is available within reasonable walking distance of the home of every resident student entitled to transportation services. Each student will be allowed to have one pick-up location and one drop-off location 5 days a week, be it home or a caregiver, and shall not be permitted to use any other bus without prior written permission from the Director of Transportation.

STUDENT INFORMATION

Last Name _____ First Name _____

2017-2018 *Holland Christian High School* 2017-2018 Grade _____

Home Address _____ City _____

Home Phone () _____

Please circle the statement below that applies to your child:

- **A.M.** my child will ride the shuttle **from Roosevelt Elementary bus drive** (departs 7:20 a.m.) to HCHS
- **P.M.** my child will ride the shuttle from HCHS to **Zeeland Christian School** (arrives 3:10 p.m.)
- **A.M. and P.M.** my child will ride both shuttles to/from HCHS

Parent/Guardian Signature _____ Date _____

Please use the reverse side of this form if you have additional information that should be shared regarding the transportation of your child.

Return completed form to:

Zeeland Public Schools
Transportation Center
720 E Main Ave
Zeeland MI 49464