

**Berne Union Local School District
School Bus Authorization for 2018/2019**

Please complete this form. Your child's pick up location **must be the same Monday through Friday** and your child's drop off location **must be the same Monday through Friday** for the year. Please refer to transportation letter.

School (check one):

- Berne Union High School
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- Berne Union Elementary

Child/Children's Name: _____ Grade: _____

Child/Children's Name: _____ Grade: _____

Child/Children's Name: _____ Grade: _____

Home Address: _____

(Road)

(City)

(Zip Code)

Parent(s) Name: _____

(Home Phone)

(Alternate Phone)

Child Care Provider (Daycare Facility or In-Home Child Care):

(Name)

(Phone)

(Alternate Phone)

(Street Address)

(City)

(Zip Code)

Please complete the following for transportation **TO SCHOOL**:

- Pick up at Home
- Pick up at Child Care Provider (as named above)
- No pick up

Please complete the following for transportation **FROM SCHOOL**:

- Drop off at home
- Drop off at Child Care Provider (as named above)
- No drop off

Date you would like transportation to begin: _____

(For new enrollment during school year, or changes to current schedule.)

Special Information for the Transportation Department:

Signature: _____

(Parent/Guardian)

(Date)

Please notify the Transportation Department 5 days in advance of any permanent changes to the above. A change cannot be made day to day, week to week or month to month. For questions or clarification of this policy please contact the Transportation Department.

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