

WEDDINGTON MIDDLE SCHOOL TRANSPORTATION FORM



DATE _____

STUDENT NAME _____

STUDENT ADDRESS _____

GRADE LEVEL _____ CONTACT PHONE _____

CONTACT EMAIL _____

PARENT/GUARDIAN NAME _____

WILL STUDENT RIDE IN THE MORNING? YES _____ NO _____

PICK UP ADDRESS _____

WILL STUDENT RIDE IN THE AFTERNOON? YES _____ NO _____

DROP OFF ADDRESS _____

PLEASE ALLOW UP TO 3-5 DAYS FOR PROCESSING.

****If your student does not ride the bus for ten consecutive school days, he or she will be taken off the bus route by the Transportation Department and no longer able to ride.**