

**Bay City Public Schools Transportation Department**  
**PAROCHIAL STUDENT TRANSPORTATION/DAYCARE/SHARED-CUSTODY FORM**

IF your child does not need transportation in 2020-2021, stop here – you do not need to return this form.

**PLEASE PRINT ONE FORM PER CHILD!**

Student Name \_\_\_\_\_ **20-21 School Attending** \_\_\_\_\_  
Last, First

Telephone No. \_\_\_\_\_ Alt. Phone No. \_\_\_\_\_ **19-20 Grade** \_\_\_\_\_

Home Address of Student \_\_\_\_\_  
(No.) (N.S.E.W.) (Street) (St. Rd. Dr. Cir. Ave. Ln.) (City) (Zip)  
1st Cross Street \_\_\_\_\_ 2nd Cross Street \_\_\_\_\_

- Our child needs transportation to HOME only, in 2020-2021.
- Our child does not need transportation to HOME, only to the following DayCare/Shared-Custody Site in 2020-2021.
- Our child needs transportation to HOME and also to following DayCare/Shared-Custody Site in 2020-2021.

**Dispatch Office will review your requests & provide transportation as allowed within their guidelines.**

**DAYCARE/SHARED CUSTODY INFORMATION**

**PM Take-home Address (for DayCare/Sitter (name & phone):** \_\_\_\_\_):

\_\_\_\_\_  
(No.) (N.S.E.W.) (Street) (St. Rd. Dr. Cir. Ave. Ln.) (City) (Zip)

1st Cross Street \_\_\_\_\_ 2nd Cross Street \_\_\_\_\_

Your signature on this completed form and returned to us indicates your understanding and agreement of the Transportation Policy.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

**Please return form to: Bay City Public Schools, Transportation Dept., 480 Midland Road, Bay City, MI 48706**