

Education Service Center • Transportation Department 1415 Beechtree Street • Grand Haven, MI 49417 616.850.5150 • www.ghaps.org

## TRANSPORTATION ENROLLMENT FORM

Student's Name			Grade	Gender
First	Last	Middle I.		
School:	Student ID#		Main Phone:	
Home Address:	City & Zi	p:		
Parent/Guardian(s) residing at the above address:				
Name:	Phone Number: V	V		
Name:	Phone Number: V	V		
Parent/Guardian(s) living elsewhere:				
Address:	City &	Zip:		
Name:	Phone Number: V	V		
Name:	Phone Number: V	V		C
Alt Site Info: Address:	·			
Alt Site Info: Address:  Contact Name:  Afternoon drop off location (check one):	Home or □ No Transportation	on Necessary	Phone #:_ or □	Alternate Site
Alt Site Info: Address:  Contact Name:  Afternoon drop off location (check one):	Home or □ No Transportation	on Necessary	Phone #:_ / or	Alternate Site
Alt Site Info: Address:	Home or □ No Transportation	on Necessary	Phone #:_  or	Alternate Site
Alt Site Info: Address:	Home or □ No Transportation	on Necessary	Phone #:_  or	Alternate Site
Alt Site Info: Address:	Home or No Transportation  avior/health/allergy concerns and action  location and one drop-off location for the entire transportation on those alternate days.  i.e. a friend is riding home with your child. The	on Necessary on to be take	Phone #:_ or □ Phone #:_ en (use reverse  f the alternate site of day confusion f	Alternate Site  side, if necessary):  arrangements vary from day to day for all district staff.
Alt Site Info: Address:  Contact Name:  Afternoon drop off location (check one):  Alt Site Info: Address:  Contact Name:  To help us assist students, please indicate any beh  Transportation Information:  1. Parents/guardians will need to identify one pick-up it will become the parent's responsibility to provide 2. There will be no bus passes provided for any reason 3. As a reminder, GHAPS buses do not travel down e	Home or No Transportation  avior/health/allergy concerns and action  location and one drop-off location for the entire transportation on those alternate days.  i.e. a friend is riding home with your child. The	on Necessary on to be take	Phone #:_ or □ Phone #:_ en (use reverse  f the alternate site of day confusion f	Alternate Site  side, if necessary):  arrangements vary from day to day for all district staff.
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Alt Site Info: Address:  Contact Name:  Afternoon drop off location (check one):  Alt Site Info: Address:  Contact Name:  To help us assist students, please indicate any beh  Transportation Information:  1. Parents/guardians will need to identify one pick-up it will become the parent's responsibility to provide 2. There will be no bus passes provided for any reason 3. As a reminder, GHAPS buses do not travel down e	Avior/health/allergy concerns and action and one drop-off location for the entire transportation on those alternate days.  i.e. a friend is riding home with your child. The very road, cul-de-sac, dead-end streets, and privately the control of the entire transportation on those alternate days.  i.e. a friend is riding home with your child. The very road, cul-de-sac, dead-end streets, and privately the control of the entire transportation.	e school year. I	Phone #:_ or □ Phone #:_ en (use reverse  f the alternate site of day confusion f s, or into every su	Alternate Site  side, if necessary):  arrangements vary from day to day for all district staff.