



TRANSPORTATION OF STUDENT(S) IN JOINT CUSTODY APPLICATION FORM

(Must be filled out by both parents/guardians)

School Year: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Name of Parent/Guardian A:

\_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Transportable Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Parent/Guardian B:

\_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Transportable Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Start date of Week 1: \_\_\_\_\_

Transportable address of Week 1: \_\_\_\_\_

By signing this form, Parents/Guardians acknowledge they agree with the schedule as completed above. Parent has provided school with legal documents to support transportation needs.

Signature of Parent/Guardian A

Date

Signature of Parent/Guardian B

Date

School Principal's Signature

Date

Copy to Transportation, Original in student file