



**CLARK COUNTY PUBLIC SCHOOLS
STUDENT TRANSPORTATION**

PARENT SECTION

Date: _____ School: _____ Grade: _____

Student's Full Name: _____ DOB: _____

Parent/Guardian: _____ Phone: _____

Home Address: _____ Winchester, KY 40391

Do you want CCPS bus service for your child? (circle one) **Yes No** *If no, STOP HERE.*

If different from the ABOVE HOME ADDRESS complete below

Morning pick up address _____

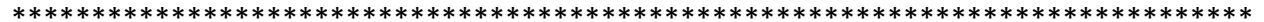
Afternoon drop off address _____



SCHOOL USE ONLY (check below)

STUDENT NEW TO **CCPS** STUDENT NEW TO **SCHOOL**

CHANGE OF ADDRESS: MORNING / AFTERNOON



TRANSPORTATION DEPARTMENT USE ONLY

MORNING BUS: # _____ PICK UP TIME: _____ STOP LOCATION _____

AFTERNOON BUS: # _____ PICK UP TIME: _____ STOP LOCATION _____

TRANSFER: **YES** BUS # _____ TRANSFER POINT: _____ **NO**

FORM COMPLETED BY _____ DATE: _____

FAX FORM TO THE TRANSPORTATION DEPARTMENT 859-745-3942

