

# Comanche Elementary School

## Transportation

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ No- I will provide transportation for my child both to and from school. \_\_\_\_\_ (parent initial)

\_\_\_\_\_ Yes- My child will be picked up and dropped off at the following physical address:

Pick Up: \_\_\_\_\_

Drop Off: \_\_\_\_\_

### For Bus Emergencies

Phone number where parent may be reached after school hours: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Please read and sign back of this page if you child will need Bus  
Transportation