



Bus Routes
New / Alternate Pick-Up / Drop-Off Form
(Return to KTI Office)

NOTE: Only complete this form if pick up or drop off is OTHER than home.

Name of Child: _____ Grade: _____ School: _____

Parent #1:		Parent #2:	
Parent Name:		Parent Name:	
Address (Street)		Address (Street)	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

I request that my child be transported to and/or from the designated address (es) listed below:

] From

Name of Residence Holder:	
Address (Street)	
Phone:	
Days (circle all that apply):	Monday Tuesday Wednesday Thursday Friday
Effective Date:	
Comments:	

] To

Name of Residence Holder:	
Address (Street)	
Phone:	
Days (circle all that apply):	Monday Tuesday Wednesday Thursday Friday
Effective Date:	
Comments:	