



2020-2021

Student Transportation Form

Completed forms can be sent to:
Tyler Hinkhouse, thinkhouse@lmcsd.org

Note: PK Students Shall Be Age 4 By
September 15th For School Transportation

Primary Contact Information

Parent(s)/Guardian(s) Name:			
Residence Address:		City:	
State:		Zip Code:	
Home/Cell Phone #		Messaging:	
Work Phone #			

Emergency Contact Information

Contact Name:		Messaging:	
Home/Cell Phone #			
Work Phone #			

Students Names (Include Last Name, If Different From Above)

Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	

Pick-Up Address

Pick-Up Address:		Relation:	
Is This A Pick-Up Location On <i>Weather Related</i> Late Start Days?			
If No, <i>Weather Related</i> Pick-Up Address?			

Drop-Off Address

Drop-Off Address:		Relation:	
Is This The Drop-Off Location On <i>Planned</i> Early Out Days?			
Is This The Drop-Off Location On <i>Weather Related</i> Early Out Days?			
If No To The Above Questions, Indicate Drop-Off Address:			

Kindergarten Parents

Day Kindergarten Student Will Begin Classes:	
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TRANSPORTATION USE ONLY

AM Route:		Driver:	
PM Route:		Driver:	