

*Blissfield Community Schools
Transportation Request Form
517-486-3803*

Student _____ Grade _____ Date _____

Home Address _____ City _____

Home Phone _____ Emergency Phone _____

Please check (✓) **ONLY** if transportation is **NOT** required for your student.

Pick-up location

Address _____

Contact Name _____

Contact phone _____

Drop-off location

Address _____

Contact Name _____

Contact phone _____

Which address would your student be dropped off at in the event school was released early?

Please circle one: **Pick-up** - **Drop-off**

Parent signature _____ Date _____

A Transportation Request Form must be filled out for each student attending Blissfield Community Schools even if transportation is not required. **Please do not list multiple students on one form.** Forms must be signed and returned to: Blissfield Community Schools, Attn: Transportation Dept., 630 South Lane St., Blissfield, MI 49228. Any changes to the pick-up or drop-off locations listed above must be in writing at least 72 hours in advance. Forms are available at:

<http://www.blissfieldschools.us/departments/transportation/transportation-request-forms/>