

# Hertford County Schools

## Student Transportation Form 2024-2025

*Please return whether your child will be a bus rider or a car rider. Thank you.*

Please allow 5 full school days from the date the updated form is received at transportation for processing & distribution to the appropriate bus driver.

SCHOOL: AES BPS CSB ECHS HCHS HCMS RES District # 460 Grade \_\_\_\_\_  
(circle the school that your child will be attending)

### Student Information – Per Birth Certificate

Full Name: \_\_\_\_\_

Last

First

Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Home Address: USE PHYSICAL ADDRESS ONLY – NO PO BOX

\_\_\_\_\_  
House # Street Name

\_\_\_\_\_  
City Zip Code

\_\_\_\_\_  
Daytime Phone Number where parent can be reached (include area code)

### Transportation Information – Please circle one answer for AM and one for PM

How will students usually get to / from school? AM: CAR BUS

PM: CAR BUS

Will the Student Ride the School Bus To / From your Home Address? (Circle Correct Answer) YES NO

If you circled "YES", stop here. If you circled "No", complete the next section.

Please complete ONLY if the student will be picked-up or dropped off at an address other than home. You do not need to fill out for occasional drop-offs. Alternate Address must be inside the Assigned School District.

Alternate Address AM: \_\_\_\_\_

Alternate Address PM: \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

### HCPS Transportation Use Only

AM: Route # \_\_\_\_\_ Run # \_\_\_\_\_ Stop # \_\_\_\_\_

PM: Route # \_\_\_\_\_ Run # \_\_\_\_\_ Stop # \_\_\_\_\_

Please send this form to Dedria Manley-Saulsbury / HCPS Transportation.