



2008-2009 APPLICATION FOR TRANSPORTATION AID

Please **print** the following information:

County Vendor Number: _____

Name of child(ren): _____

Name of parent (vendor): _____

Physical Address: _____

Occupation: _____ Place of employment: _____

School of Attendance: _____ **Home Phone:** _____

Child's residence while attending school: _____

If different from parent's address, please explain: _____

Legal description of this residence: **Range:** _____ **Township:** _____

Section: _____

Will the child be boarded away from home or any reason? _____

How far will the child live from the nearest school? _____

What is the distance to the nearest school bus stop? _____

Will you be sharing the driving with other families? _____

Names of others sharing the driving: _____

(Use other side if more space needed)

To whom should warrants be made payable (MUST match vendor registration app on file): _____

Mailing address for payee: _____

Children being transported:

Name	Age	Grade	Name	Age	Grade
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I do affirm that the above information is true and correct to the best of my knowledge.

Driving Parent/Guardian Signature: _____ Date: ___/___/___

Parent of other student transported: _____ Date: ___/___/___

Witness/Teacher: _____

(Printed Name)

(Signature)

Date: ___/___/___

School Principal: _____

(Printed Name)

(Signature)

Date: ___/___/___