

WALKERVILLE PUBLIC SCHOOL

Transportation Department

Albert Tanner, Transportation Supervisor

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TRANSPORTATION PICK-UP/DROP-OFF LOCATION FORM

STUDENT INFORMATION

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Physical Address: _____

house # and street name

town/city

zip code

PICK-UP/DROP-OFF LOCATION IF OTHER THAN HOME ADDRESS

MORNING PICK-UP LOCATION

Name of Adult at Residence: _____

Physical Address: _____

house # and street name

town/city

zip code

Phone Number: _____

AFTERNOON DROP-OFF LOCATION

Name of Adult at Residence: _____

Physical Address: _____

house # and street name

town/city

zip code

Phone Number: _____

Parent/Guardian Signature: _____ Date: _____