

St. Matthew Catholic School Hillsboro Bus Transportation Request 2019-2020 School Year

This form must be completed for all K-8th grade St. Matthew students planning to use the Hillsboro School District bus transportation services. Bus transportation is only provided within your local school attendance boundary, and outside the designated walk boundary. Return this completed form to **ST. MATTHEW CATHOLIC SCHOOL**.

REQUESTS MAY TAKE UP TO FIVE DAYS TO COMPLETE.

Check One: **New Request** **Renewal of previous request** **Change from previous request**

Parents' Name: _____

Home Address: _____

City/Zip Code: _____

Home Phone: _____

Emergency Contact: _____ Phone: _____

What Hillsboro Elementary School would your child attend? _____

Student's Name:	Date of Birth	Grade 2019-2020

Alternate Drop off: Please complete this section **ONLY** if your student is to be dropped off at a location other than their home address. Please note that bus transportation is provided within your school attendance boundary and outside the designated walk boundary.

Alternate Drop Off Address: _____ _____ _____	Days of Week to Drop Off (Check all that apply) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%;">Mon</td> <td style="width: 15%;">Tue</td> <td style="width: 15%;">Wed</td> <td style="width: 15%;">Thu</td> <td style="width: 15%;">Fri</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Mon	Tue	Wed	Thu	Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon	Tue	Wed	Thu	Fri							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Name of Care Provider: _____ _____	Phone: _____										

Signature

Date

Relationship to Student