

Education Co-op of Central Texas

Box 1970 - 2400 Franklin Avenue
Waco, Texas 76703
(254) 756-1974 Fax (254) 756-7902

BUS SHOP 756-0406 Fax 756-7695

Date _____

Coordinator

TRANSPORTATION DEPARTMENT

Please fill out completely. This information gives the bus driver directions to student's home.

Student _____ Home District _____

911 # House Address _____

City _____ Zip _____

ARD Date _____ Transportation Start/Continue Date _____

School Yr _____ District _____ Campus _____

Grade _____ Class _____ Teacher _____

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Grade _____ Class _____ Teacher _____

Please give specific directions from school to home: 1) a road name 2) description of the house--such as color/construction/type 3) left or right side of the road.

If a school bus goes by student's home, the bus number is _____

Name of Parents _____ Home Phone _____

Mother's Work Phone _____ Mother's Cell Phone _____

Father's Work Phone _____ Father's Cell Phone _____

Emergency Phone Number _____ Name _____

- Student is in a wheelchair Student needs a car seat
- Student needs aide on bus because: _____
- Student has the following special needs: _____
- Interschool Transportation

Call Jeane Gauer prior to ARD to get Driver _____ Route# _____ Bus# _____

Send completed form by e-mail enclosure or fax to Jeane Gauer and Joanne Levy.