



Clare Public Schools

201 E. State St.

Clare, MI 48617

989.386.9945

www.clare.k12.mi.us

Transportation Request Information

Student Name: _____ Date of Birth: _____

Home Address: _____ City: _____ Zip: _____

School Building: _____ Grade: _____

PARENT/GUARDIAN STUDENT RESIDES WITH: Name/Relationship/Phone

1. _____

2. _____

Work # _____ Cell # _____ Home # _____

Emergency Contact: _____ Phone # _____

Distinctive Needs, please list (severe allergies, epi pens, etc.):

OTHER STUDENTS:

1. _____ School Building: _____

2. _____ School Building: _____

3. _____ School Building: _____

Requested Pick-up Address (a.m.): _____

Requested Drop-off Address (p.m.): _____

In order for the transportation department to provide a safe and orderly environment for your child, parents/guardians must select one (1) pick-up and one (1) drop-off location for the school year. The bus stop may or may not be located at the home address. Please note that a parent or responsible party must be present at bus stop for all DK/K students.

_____ My child does NOT need transportation provided by the school district.

_____ I request transportation at the above requested address.

Parent/Guardian Signature: _____