

Goodrich Area Schools School Bus Authorization

Please complete this form **ONLY IF YOUR STUDENT REQUIRES AN ALTERNATE BUS STOP LOCATION.** Student pick up/drop off location must be the same Monday through Friday.

This form is for in district students only. SOC students, please use Schools of Choice Form.

Student's Name: _____

Grade: _____

Student's Name: _____

Grade: _____

Student's Name: _____

Grade: _____

Parent(s) Name: _____

Home Address: _____

Home Phone: _____

Alternate Contact Name: _____

Alternate Address: _____

Alternate Contact Phone: _____

Please circle the following for transportation **TO SCHOOL:**

Pick up at Home

Pick up at Alternate (as named above)

No pick up

Please circle the following for transportation **FROM SCHOOL:**

Drop off at home

Drop off at Alternate (as named above)

No drop off

Special Information for the Transportation Department:

(Parent/Guardian) (Date)

Goodrich Area Schools Transportation Department

Phone – 810-591-3454

dispatcher@goodrichschools.org