

MUST BE MAILED TO TRANSPORTATION BY AUGUST 1ST.

Stop Location: AM _____
Stop Location: PM _____

**Transportation Department Registration Form
WTI ADULT HIGH OR SHARED VOCATIONAL STUDENTS ONLY
2009-2010**

The following information is needed to assist us in assigning your child to a school bus route for transportation to WTI. This form must be completed prior to assigning students to a bus, or changes are made for students currently assigned. The transportation routing office will assign students to the closest available stop upon receipt of this form. If a stop is more than .5 miles from home or if the walk route to the stop appears unsafe, a bus stop change request can be submitted. All specialized transportation needs as determined by the IEP team will be sent on the Special Needs Transportation Form. If you have any questions please contact *the transportation office*. Crystal River Transportation 795-4032; Inverness Transportation 344-2193; Lecanto Transportation 746-0682.

SCHOOL ATTENDING: **FULL TIME WTI ADULT HIGH**
 WTI GED 18 yrs old or under Yes ___ **or No** ___

School Zoned for: LHS CRHS CHS

Student Name: _____ Date: _____
Date of Birth: _____ School: _____ Grade: _____ Teacher: _____
Parent or Guardian: _____ Phone (H) _____ (W) _____
Address: _____ City: _____ Zip Code _____

Student is: () Bus Rider If student is a bus rider, please complete next section.
Subdivision: _____ Cross Streets: _____ Directions to your home from W.T.I.

School bus stops will be assigned based on the address you have provided above. If pick up or drop off is needed at a care provider in-zone location please provide detailed information.

Emergency medical information (list any health concerns or medication the driver should be aware in case of an emergency.)

List family members or other emergency contact authorized to pick up your child if you are not available:
(Picture ID is required.)
1 _____ Phone: _____ Relationship: _____
2 _____ Phone: _____ Relationship: _____
3 _____ Phone: _____ Relationship: _____
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FOR OFFICE USE ONLY

Route Assigned: _____ Bus #: _____ Stop Location: _____ Time: AM _____ PM _____
Parent Notified On: _____ Driver Notified On: _____ School Notified On: _____
Data entered by: _____ Run ID _____ Stop ID _____ Date Completed: _____

***THIS FORM MUST BE RETURNED BY AUGUST 1ST TO: BUS TRANSPORTATION DEPARTMENT,
2950 S. PantherPride Drive, Lecanto, FL 34461. BUS TRANSPORTATION SERVICES WILL NOT BE
PROVIDED UNTIL THIS FORM HAS BEEN RECEIVED.***