

**Blissfield Community Schools**  
**Transportation Request Form**  
517-486-3803

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

If transportation is not required for your student (please check box)

Pick- up Location

Address \_\_\_\_\_

Name of Person \_\_\_\_\_

Phone \_\_\_\_\_

Drop off location

Address \_\_\_\_\_

Name of Person \_\_\_\_\_

Phone \_\_\_\_\_

Which address would your student be dropped off at in the event that school was released early? **Pick-up** or **Drop off** (circle one)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

A Transportation Request Form must be filled out for each student attending Blissfield Community Schools. If transportation is not required for your student, simply check the appropriate box. Forms must be signed and returned to: Blissfield Community Schools, Transportation Department. 630 South Lane Street, Blissfield MI 49228 by July 1. Any changes to Pick up or Drop off locations listed above must be in writing at least 72 hours in advance. Forms available at:

**<http://blissfieldschools.us/district/transportation/transportationrequest/>**