

COLLEGIATE HIGH SCHOOL

at Northwest Florida State College (NWFSO)

TRANSPORTATION RESPONSE FORM 2016-2017

Student's Name _____ Date _____

Please check *all* that apply:

_____ I live less than two miles from the main campus entrance at NWFSO and am not eligible for the transportation program.

_____ I live more than two miles from the main campus entrance at NWFSO and I will provide transportation for my child to and from school.

_____ I live more than two miles from the main campus entrance at NWFSO and my child will ride the school provided transportation to and/or from the school each day.

Please check choice(s) that apply: _____ (TO School) _____ (FROM School).

____ Monday through Friday OR __ Mon __ Tues __ Wed __ Thurs __ Fri

I understand school bus stops will be no more than 1 1/2 miles from a student's residence.

_____ **CARPOOL INTEREST:** I am interested in sharing transportation with other families in my neighborhood. Please make my address and phone number available to others who may be interested in carpooling. I understand a carpool list will be sent directly to me at a later time so that I may contact other interested parents.

Parent's/Guardian's name _____

Home Street Address _____

City _____ State _____ Zip Code _____

Bus Stop Address (If Different Than Above Home Address):

Parent's/Guardian's Home Phone Number _____

Parent's/Guardian's Cell Number(s) _____ Work Number(s) _____

Other daytime/emergency contact:

Name _____

Phone(s) _____