

# COLLEGIATE HIGH SCHOOL

at Northwest Florida State College (NWFSO)

## TRANSPORTATION RESPONSE FORM 2018-2019

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 ½ 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) \_\_\_\_\_