

# COLLEGIATE HIGH SCHOOL

at Northwest Florida State College (NWFSC)

## TRANSPORTATION RESPONSE FORM

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Please check *all* that apply:

\_\_\_\_\_ I live **less than two miles from the main campus entrance** at NWFSC and am not eligible for the transportation program.

\_\_\_\_\_ I live **more than two miles** from the main campus entrance at NWFSC and **I will provide transportation for my child to and from school.**

\_\_\_\_\_ I live more than two miles from the main campus entrance at NWFSC 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/Guardian name \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Home Phone Number \_\_\_\_\_

Parent/Guardian Cell Number(s) \_\_\_\_\_ Work Number(s) \_\_\_\_\_

Other daytime/emergency contact:

Name \_\_\_\_\_

Phone(s) \_\_\_\_\_