

Portland Public Schools

Transportation Department

6636 E. Grand River Ave
Portland, MI 48875

Phone: 517-647-2993
Fax: 517-647-2926

Transportation Request Form

Student Name: _____ Date of Birth: _____

Home Address: _____ City: _____ Zip: _____

School: _____ Grade: _____

Parent/Guardian student resides with: Name Relationship Daytime phone #

1) _____

2) _____

Work phone: _____ Cell phone: _____ Home Phone: _____

Emergency Contact Person: _____ Phone: _____

Other students at home address:

1) _____ School: _____

2) _____ School: _____

3) _____ School: _____

In order for the transportation department to provide a safe and orderly environment for your child, parents/guardians are encouraged to identify one (1) pick-up and one (1) drop-off location for the school year. The bus stop may or may not be located at the home address.

Requested Pick up address: _____

Requested Drop off address: _____

Noon Kndg or DK pick up and drop off routes are assigned as close to the home or daycare center address as possible. Morning and afternoon routes may require students of all ages to walk to or from a group stop.

_____ My child does NOT need transportation provided by the school district.

_____ I request transportation at the above addresses.

Parent/Guardian Signature _____ Date: _____