



**COORDINATED TRANSPORTATION INFORMATION SHEET
SCHOOL YEAR 2024-2025**

NON-PUBLIC _____

RESIDENT PUBLIC SCHOOL DISTRICT _____

SCHOOL TO BE ATTENDED _____

SCHOOL ADDRESS _____

OPENING DATE _____

SCHOOL HOURS: Mon-Thurs _____

Fri _____

Other _____

STUDENT NAME (one student per line)

# 1	
# 2	
# 3	
# 4	
# 5	
# 6	
# 7	
# 8	
# 9	
# 10	
# 11	
# 12	
# 13	
# 14	
# 15	
# 16	
# 17	
# 18	
# 19	
# 20	

TOTAL # OF STUDENTS THIS PAGE

PLEASE COMPLETE ONE FOR FOR EACH SCHOOL

MAKE COPIES OF THIS FORM AS NEEDED. PLEASE FORWARD A COPY OF THE SCHOOL CALENDAR

THIS FORM WAS COMPLETED BY: _____



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Other _____

CORNER STOP (Only one stop per location is needed regardless if multiple students use same stop)

# 1	
# 2	
# 3	
# 4	
# 5	
# 6	
# 7	
# 8	
# 9	
# 10	
# 11	
# 12	
# 13	
# 14	
# 15	
# 16	
# 17	
# 18	
# 19	
# 20	
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