PLEASE FILL OUT & RETURN Space is limited for Alternate Locations and Shuttle Students

School District of Lodi Transportation Information

1	NT INFORMATI		
Student Last Name:	First Name:	Middle Name:	Grade
Primary Address	City/State/Zip		☐ Male □ Female
Secondary Address	City/State/Zip	ity/State/Zip	
Primary Email Address	Secondary Email Ad	dress	
TRANSPOR	TATION INFORMA	TION	
□ My Student will be parent transport or self- transport (
□ My Student is out of district and requesting alternate l	ocation		
□ My child is eligible for bus service and will be riding:	(over 2 miles from school)	To School	□ From School
To request a different location complete this section:	rnate Location: We allow one alternate loca ions required to be filled out		know the schedule.
□Pick U	p 🗖 Drop O	ff	
Day	care Providers		
 PVCC Sunshine 4K-2 Sunshine 3- TLC Primary School TLC Inters Name of Location 	0	Korner LES 🗖 Kide	die Korner Seminary Below)
Address:		Phone:	
Contact name		esday □Wednesday □ esday □Wednesday □	· · · · <u>·</u> · · · ·
SHUTT	LE INFORMATION	N	
SPACE IS LIMITED (sports	activities do not need	0 1	le)
A.M. Elementary/OSC to Primary (4K-2 nd grade)	Primary to F	P.M. Primary to Elementary/OSC (4K-2 nd grade)	
 Diementary/OSC to Frimary (4R 2 grade) Middle to Elementary/OSC (3-5 grade) 		 Elementary/OSC to Middle (3-5 grade) 	
 District Office to Middle (High/Middle School Studer) 			
Parent/Guardian Signature: Relationship to Student:		I	Date:
	<u></u> .		

If you need to make changes or have questions on services, please contact Kobussen Bus Company at (608) 592-0551Ext. 1, if there are changes to your transportation please email Lodi.Dispatch@kobussen.com and brian.ecklor@kobussen.com. Thank you!