



CASCADe SCHOOL DISTRICT TRANSPORTATION FORM

10190 Titus Rd, Leavenworth, WA 98826 509-548-6039 Lori Duncan, Transp. Director

The following information must be completed in full in order for transportation to be provided.

PLEASE PRINT CLEARLY IN INK

Student Name:	Today's Date: / /	
School:	Grade:	Gender: M F
Home Address:	City:	Zip:
Stop Address(if different from above):	City:	Zip:
Parent/Guardian:	Home Phone:	
Work Phone: Cell Phone:	Other Phone:	
Emergency Contact:	Emergency Phone:	

PICK UP LOCATION (indicate days: M, T etc)

(Please make a selection below)

No transportation needed

Pick up at home address listed above

Pick up at childcare listed below

DROP OFF LOCATION (indicate days: M, T, W, Th, F)

(Please make a selection below)

No transportation needed

Drop off at home address listed above

Drop off at childcare provider listed below

Business or Daycare name:	Business or Daycare name:
Contact Person	Contact Person
Phone:	Phone:
Address:	Address:
Additional Comments:	Additional Comments:

In order to provide your child with school transportation, it is necessary to have accurate and current information. If CHANGES occur in any of the above information (i.e. student moves, changes in childcare), please contact the Cascade School District Transportation Office immediately – 548-6039.

OFFICIAL USE ONLY

Information Obtained By: School Parent	START DATE	DISTRICT ID#	AM PM ALL DAY
Updated / / Updated By:	AM ROUTE NO. & TIME	MIDDAY ROUTE NO. & TIME	PM ROUTE NO. & TIME
New Student Address Update Phone Update Stop Update	AM STOP LOCATION	MIDDAY STOP LOCATION	PM STOP LOCATION



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After School Transportation Plan

Student Name: _____

Grade: _____

Teacher: _____

Monday

Destination: _____

Rt: _____

Tuesday

Destination: _____

Rt: _____

Wednesday

Destination: _____

Rt: _____

Thursday

Destination: _____

Rt: _____

Friday

Destination: _____

Rt: _____

Home Address: _____

Phone: _____

Daycare Providers Name: _____

Phone: _____

Address:

If you must make a change from this transportation plan please ***call the office as soon as possible***. If we have not heard from you either by phone or by written note we will adhere to the plan listed above.