



Effingham County Schools Transportation Questionnaire

Student Name: _____ DOB: _____

Please choose the option that best describes the most common way in which your student is transported each day. Please choose only one option for each area. Additional transportation arrangements can be made at your child's school.

AM Transportation

- Student rides school bus from **primary residence** address or closest designated bus stop.
 - Car Rider
 - Student Drives
 - Walks / Rides Bike
 - Private Bus (Before or After School Program)
 - Student rides school bus from an **alternate address** (i.e., daycare, grandparent, **not** primary residence)
- _____
- | | | | |
|---------|--------|------|-----|
| House # | Street | City | Zip |
|---------|--------|------|-----|
- The alternate address must be within the attending school district.**

PM Transportation

- Student rides school bus to **primary residence** address or closest designated bus stop.
 - Car Rider
 - Student Drives
 - Walks / Rides Bike
 - Pryme Tyme
 - Private Bus (Before or After School Program)
 - Student rides school bus to an **alternate address** (i.e., daycare, grandparent, **not** primary residence)
- _____
- | | | | |
|---------|--------|------|-----|
| House # | Street | City | Zip |
|---------|--------|------|-----|
- The alternate address must be within the attending school district.**

Parent Signature _____
Date