

**Extended School Year Summer Program
Transportation Form**

Student's Name: _____

Present School: _____

Present Teacher: _____

Parent's Name: _____

Parent's Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

ESY Site: _____

Please circle your choice below:

I will transport my child to and from the summer program. Yes No

My child does need bus transportation to and from the summer program. I wish for Troup County School System to transport my child to and from the Summer Program. Yes No

My child uses a wheelchair which will require a bus equipped with a wheelchair lift. Yes No

CHILD'S PICKUP ADDRESS _____

CHILD'S RETURN ADDRESS _____

If you have any additional questions regarding your child's transportation needs, please call Kitty Crawford for elementary students or Shari Dillon for secondary students at 706-812-7939