

Transportation
office use only

Date Received: _____
 Input in VT: _____
 Input by: _____

CHICO UNIFIED SCHOOL DISTRICT
 Transportation Department
 2455 Carmichael Drive
 Chico, CA 95928
 (530) 891-3097
 (530) 891-3149 FAX



Date: _____ (Application good for one year from date of application.)

Student Information

Permanent Student ID# _____

Student Name: _____ Male / Female
Last First Date of Birth *(circle one)*

School: _____ Grade: _____ Days: M T W H F

Program (circle all that apply): Pre K ED M/S-SDC M/M-SDC RSP Adult Ed Other: _____

Current Teacher: _____ Start Time: _____ End Time: _____

Is the student capable to ride a big bus? *(40 ft. bus, no seatbelts)* Yes No

AM Pick Up Location: _____
Address

PM Drop Off Location: _____
Address

Parent Information

CONTACT 1

CONTACT 2

Parent/Guardian: _____
Last First

Physical Address: _____
Street/City/Zip

Mailing Address: _____
(if different) Mailing address

_____ Email Address

Phone Numbers: Home: () _____
 Work: () _____
 Cell: () _____

_____ Last First

_____ Street/City/Zip

_____ Mailing address

_____ Email Address

Home: () _____
 Work: () _____
 Cell: () _____

Additional Contact

_____ Name Relationship Phone

Parent Signature: _____

**REVERSE SIDE MUST BE COMPLETED BY CUSD PERSONNEL BEFORE
 TRANSPORTATION CAN BE PROVIDED.**