

**Transportation
office use only**

Date Received: _____

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

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

Is the student able to ride a general ed bus ? ☐ Yes ☐ No

to be filled out by PARENT --

AM Pick Up Location: _____
Address

PM Drop Off Location: _____
Address

Parent Information

CONTACT 1

CONTACT 2

Parent/Guardian:

Last First

Last First

Relationship to student

Relationship to student

Physical Address:

Street/City/Zip

Street/City/Zip

Home: () _____

Home: () _____

Phone Numbers:

Cell: () _____

Cell: () _____

Work: () _____

Work: () _____

Email Address

Email Address

3rd Contact

Name

Relationship

Phone

Parent Signature: _____

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