

Yale Transportation Registration Form 2023/24

Dear YPSD Families,

To improve our transportation registration process, we are asking for your assistance in completing the following form if your child(ren) qualify and will require bus transportation to or from school at Yale Public Schools for the 2023/24 school year. We ask that you **READ CAREFULLY** and choose the best option(s) for your family's needs to ensure accuracy. If you have more than one child, **YOU CAN USE THE SAME FORM**. Just be sure to add each name under students and the grade. You will get an e-mail with your responses, please keep this for your reference. We ask that you use the **PARENTS E-MAIL ADDRESS** when filling out this form. Thank you, and if you have any questions, please feel free to call the Transportation Dept @ (810)387-3231.

* Indicates required question

1. Email *

2. Yale High School/Jr High

Names & Grades:

3. Yale Elementary

Names & Grades:

4. **Avoca Elementary**

Names & Grades:

5. **Farrell-Emmett Elementary**

Names & Grades:

6. Home address: *

7. Telephone No: *

8. CHECK ONLY ONE BOX. Please read carefully as there are many options. REMINDER: *
 YPS has a 1 stop pick-up and 1 stop take home location for the school year. These locations may have two different addresses due to childcare, shared custody, etc. however both addresses must be consistent everyday Monday through Friday. The bus stop may or may not be located at the address requested. Students will be assigned to a bus stop within the prescribed walking distance of the address request location.

Check all that apply.

- NO TRANSPORTATION NEEDED. Please stop here and submit.
- AM/PM from HOME ONLY. Please stop here and submit.
- AM ONLY to/from HOME ONLY- no other site. Please stop here and submit
- PM DROP OFF to HOME ONLY- no other site. Please stop here and submit.
- ONLY FROM THE FOLLOWING DAY CARE/SHARED-CUSTODY SITES.
- HOME and ALSO FROM THE FOLLOWING DAY CARE/ SHARED-CUSTODY SITES.
- **School of choice**-Our child NEEDS transportation from the CLOSEST STOP to our HOME
- Other: _____

9. Home Transportation (What days are you needing Transportation from this address?)

Check all that apply.

| | AM | PM | Both |
|------------------|--------------------------|--------------------------|--------------------------|
| Monday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. Day Care/Babysitters Name

11. Day Care/Babysitter Address

12. Day Care/Babysitter Phone Number

13. Day Care/ Babysitters (What days are you needing Transportation from this address?)

Check all that apply.

| | AM | PM | Both |
|------------------|--------------------------|--------------------------|--------------------------|
| Monday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. Shared-Custody- Mother or Fathers Name

15. Shared Custody -Mother or Fathers Address

16. Shared Custody - Mother or Fathers Phone Number

17. Is there a visitation schedule to follow? If so, please explain: ***NOTE- Please send documentation to Transportation Dept***

18. Shared-Custody Mothers Household AM/PM Transportation (What days will you need Transportation from this site?)

Check all that apply.

| | AM | PM | Both |
|------------------|--------------------------|--------------------------|--------------------------|
| Monday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

19. Shared-Custody Mother/Fathers Household AM/PM Transportation (What days will you need Transportation from this site?)

Check all that apply.

| | AM | PM | Both |
|------------------|--------------------------|--------------------------|--------------------------|
| Monday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

20. I will be needing a District Elementary Permission to Drop Form (****NOTE**** This is only * requesting that you would like the paperwork to **FILL OUT & RETURN** to the office. This **IS NOT** permission to drop a student off without visual of a parent**) *

Mark only one oval.

Yes

No

21. Emergency Contacts (**Someone other than a parent**): Names & Phone Numbers *

22. By checking yes, this is your signature of this completed form and in returning to us *
indicates your understanding and agreement of the Transportation Handbook. If unfamiliar
with the handbook, it is available on the YPSD - Transportation website.

Mark only one oval.

Yes

No

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