

Long County School System
TRANSPORTATION INFORMATION

Student's Name _____ Grade _____

How will your child **ARRIVE** to school?

*Bus # _____ Parent _____ Daycare van _____ Self transport _____

Other _____

How will your child **DEPART** from school?

* Bus # _____ Parent _____ Daycare van _____ Self transport _____

Other _____

Name of Trailer Park _____

Name of Subdivision _____

Street Address _____

Please give EXACT directions to your child's bus drop-off location:

Parent Signature _____ Date _____

Phone _____ Cell _____

* Please phone the Transportation Department at (912) 545-2350 to obtain the bus number your student will be assigned to.