



**COORDINATED TRANSPORTATION INFORMATION SHEET  
SCHOOL YEAR 2024-2025**

In District \_\_\_\_\_  
Tech & Academy \_\_\_\_\_

RESIDENT PUBLIC SCHOOL DISTRICT \_\_\_\_\_

SCHOOL TO BE ATTENDED \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

OPENING DATE \_\_\_\_\_

SCHOOL HOURS: Mon-Thurs \_\_\_\_\_

Fri \_\_\_\_\_

Other \_\_\_\_\_

**STUDENT NAME**

**CORNER STOP** (Please do not repeat stops on each line)

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TOTAL # OF STUDENTS THIS PAGE

PLEASE COMPLETE ONE FOR FOR EACH SCHOOL

MAKE COPIES OF THIS FORM AS NEEDED. PLEASE FORWARD A COPY OF THE SCHOOL CALENDAR

THIS FORM WAS COMPLETED BY: \_\_\_\_\_