

Colleton County Middle School Bus Transportation Form

	ge in Pick-Up Location		
Date:			
Student Name:	Grade	Grade:	
Address:		Zip Code:	
(Address must match Power	School)		
My child will be an AM	M: Bus rider or	Car rider	
And/or PM	M:Bus ride or	Car rider	
Contact Number:	<u> </u>		
Parent/Guardian Name:Print	//	nature	
	imum of two (2) school days f		
Requested Alternate Pick-Up	Location (MUST BE DIFFERENT FR		
Address:		_	
City:	Zip Code:	7	
Requested Alternate Drop-Of	ff Location (MUST BE DIFFERENT FR	ROM HOME ADDRESS)	
Address:			
City:	Zip Code:		
(Parent/Guardian's Signature)		 Date)	