

**NEW PAPERWORK MUST BE SUBMITTED TO RECOGNIZE PERMANENT CHANGES**

# Mary C. O'Brien Elementary School

## 2024-2025

Choose ONE address for regular Pickup/Drop-off and ONE Emergency address.  
If your child needs an alternate stop location, you may use the Emergency drop off address.

Please complete this form **WHETHER OR NOT** your child will ride the bus.

Are you applying for transportation? (Circle one) **YES** **NO**

STUDENT'S NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ GRADE: \_\_\_\_\_

SIBLINGS ATTENDING THE SAME SCHOOL:

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ GRADE: \_\_\_\_\_

PICK UP/DROP OFF: \_\_\_\_\_  
(Please list ONLY ONE address) STREET ADDRESS CITY ZIP CODE

EMERGENCY DROP OFF: \_\_\_\_\_  
(Can be used for ALTERNATE Pickup or Drop off) STREET ADDRESS CITY ZIP CODE

EMERGENCY CONTACT: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Parent Contact information:



MOTHER: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

FATHER: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

For changes regarding this form or other inquiries:  
Contact the **Transportation Department** by phone **520-450-4433** or email **transportation@pinalk12.org**  
For guidelines regarding transportation, please refer to the **Transportation Guidelines Form**.

*By signing this document, you are acknowledging that this information is correct and current.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date