



2025 - 2026

MARY C. O'BRIEN ELEMENTARY SCHOOL

NEW PAPERWORK MUST BE SUBMITTED TO RECOGNIZE PERMANENT CHANGES

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: _____ Preferred 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: _____

Authorized to make changes? YES NO

Parent/Guardian Contact information:

CONTACT NAME: _____ Phone Number: _____ Relationship: _____

Authorized to make changes? YES NO

CONTACT NAME: _____ Phone Number: _____ Relationship: _____

Authorized to make changes? YES NO

CONTACT NAME: _____ Phone Number: _____ Relationship: _____

Authorized to make changes? YES NO

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