## **Livingston County Schools**

| student's Name                  |  | _Grade                          | Homeroom   |
|---------------------------------|--|---------------------------------|--|
| Bus Number                      | Pickup Number                              | Pa                              | arking Number  |
| Do not list numbers that are o  |  | that do not accept              | e transportation changes by note or phono<br>incoming calls. Failure to make contact, <u>ir</u><br>a of Social Services. |
| List in the order you wish ther | n to be contacted starting with            | parents/guardians               | in which the students live with.   |
| Please circle 1-Pickup only 2-  | Phone Contact only 3-Transpo               | rtation changes on              | ily 4-All  |
| Name                            | Relationship                               |                                 | Date AddedDate Removed   |
| Home Phone                      | Cell Phone                                 | Work Phone                      | 1 2 3 4  |
| Name                            | Relationship                               |                                 | Date AddedDate Removed   |
| Home Phone                      | Cell Phone                                 | Work Phone                      | 1 2 3 4  |
| Name                            | Relationship                               |                                 | Date AddedDate Removed   |
|                                 | Cell Phone                                 |                                 |  |
| Name                            | Relationship                               |                                 | Date AddedDate Removed   |
|                                 | Cell Phone                                 |                                 |  |
| Name                            | Relationship                               |                                 | Date AddedDate Removed   |
| Home Phone                      | Cell Phone                                 | Work Phone                      | 1 2 3 4  |
| Name                            | Relationship                               |                                 | Date AddedDate Removed   |
|                                 | Cell Phone                                 |                                 |  |
| Name                            | Relationship                               |                                 | Date AddedDate Removed   |
|                                 | Cell Phone                                 |                                 |  |
| Name                            | Relationship                               |                                 | Date AddedDate Removed   |
| Home Phone                      | Cell Phone                                 |                                 |  |
| Name                            | Relationship                               |                                 | Date Added Date Removed  |
|                                 | Cell Phone                                 |                                 |  |
| Home Phone                      | Cell Phone<br>acts listed above to pick up | Work Phone<br>my child from scl | Date AddedDate Removed_<br>1 2 3 4<br>hool, to be contacted in case of   |
| emergency, and/or make to       | ransportation changes by no                | te or phone.  Relations         |  |