

**2012 / 2013 (TIMS) TRANSPORTATION FORM  
JOHNSTON COUNTY SCHOOL - FAX # : 938-0182**

DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PHONE # \_\_\_\_\_

**I LIVE AT (RESIDENCE):** \_\_\_\_\_

(PROVIDE STREET ADDRESS & CITY, NOT A PO BOX)

MEDICAL CONDITION DRIVER SHOULD BE AWARE OF: \_\_\_\_\_

**I WILL NEED TRANSPORTATION FOR THE FOLLOWING:**

**\*\*\*PLEASE CIRCLE:    AM    /    PM    /    BOTH**

AM TRANSPORTATION ADDRESS:

\_\_\_\_\_

PM TRANSPORTATION ADDRESS:

\_\_\_\_\_

(The following should only be filled out by school personnel)

**(MUST HAVE BEFORE SUBMITTING) - NCWISE #**

**BUS ASSIGNMENT / STOP LOCATION:**

AM - BUS #                      STOP LOCATION:

PM - BUS #                      STOP LOCATION:

**STUDENT DELETION:**

AM - BUS #                      STOP LOCATION:

PM - BUS #                      STOP LOCATION:

(THIS AREA IS FOR THE BUS GARAGE)

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