

AM Bus #: _____
PM Bus #: _____

**SCOTLAND COUNTY SCHOOLS
EC TRANSPORTATION ENROLLMENT FORM**

School: _____
PowerSchool ID: _____

Date: _____
Grade: _____

- This student is:
- New Student to County
 - Transfer From Another School
 - Changing Address
 - Temporary Bus Stop Change (less than 10 days)
 - Exceptional Child
 - Wheelchair Lift Required

Transportation will begin: _____ AM or PM

Student's Name: _____

Home Address: _____

Pick up Address: _____

Drop off Address: _____

Parent/Guardian Name & Phone #: _____

Comments: _____

IEP Meeting Date: _____

EC Facilitator Signature: _____

Required

Please fax signed form to 277-4455