



Scotland County Schools EC Transportation Enrollment Form

School: _____ **PowerSchool ID:** _____

Grade: _____ **Date:** _____

Student is:

- New to SCS
- Transfer from Another School
- Changing Address
- Temporary Bus Stop Change

Student Name: _____

Home Address: _____

AM Address: _____

PM Address: _____

Parent/Guardian Name & Phone #: _____

Comments: _____

IEP Meeting Date: _____

EC Facilitator Signature: _____

AM Bus #: _____ **PM Bus #:** _____

Email to: jcofell@scotland.k12.nc
cc: twillis@scotland.k12.nc.us
mwells@scotland.k12.nc.us