

>> FORM MUST BE COMPLETED IN BLOCK LETTERS <<

MONTH	YEAR
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Joint Custody Transportation Calendar

Calendar for first month of service must be submitted through the school, along with the required joint custody documentation, to Pupil Transportation. Subsequent calendars may be submitted through the school to the carrier.

STUDENT NAME

SCHOOL

A	Parent "A" ADDRESS and PHONE	Route
	Parent "A" ADDRESS and PHONE	Vehicle
B	Parent "B" ADDRESS and PHONE	Route
	Parent "B" ADDRESS and PHONE	Vehicle
PPS ONLY		

Parent "A" is the parent whose address is primary for transportation purposes.

In the table to the right, please cross out non-school days and print "A" or "B" for the pick-up (AM) and drop-off (PM) for each school day.

>> FORM MUST BE COMPLETED IN BLOCK LETTERS <<

Date	AM:	PM:	"A" or "B" in block letters
1			"A" or "B"
2			"A" or "B"
3			"A" or "B"
4			"A" or "B"
5			"A" or "B"
6			"A" or "B"
7			"A" or "B"
8			"A" or "B"
9			"A" or "B"
10			"A" or "B"
11			"A" or "B"
12			"A" or "B"
13			"A" or "B"
14			"A" or "B"
15			"A" or "B"
16			"A" or "B"

Date	AM:	PM:	"A" or "B" in block letters
17			"A" or "B"
18			"A" or "B"
19			"A" or "B"
20			"A" or "B"
21			"A" or "B"
22			"A" or "B"
23			"A" or "B"
24			"A" or "B"
25			"A" or "B"
26			"A" or "B"
27			"A" or "B"
28			"A" or "B"
29			"A" or "B"
30			"A" or "B"
31			"A" or "B"