

Franklin Township Community School Corporation



Transportation Department
8730 Indian Creek Rd.
Indianapolis, IN 46259
(317) 862-2314 Ph (317) 803-5070 Fax
Email: Transportation@ftcsc.k12.in.us

Date Submitted: _____

Transportation Pick-up/Drop-off Information

If Transportation is to and from the home address this form is not necessary

No daily/weekly variant schedules will be approved

Dear Parents/ Guardian,

The Franklin Township Community School Corporation is committed to safe transportation for all students. In order to ensure your child is transported to locations other than the home address we request that you fill out the form below. The form will be processed by the transportation office and a transportation representative will contact you with a new bus schedule. We thank you for your cooperation!

Student Last Name: _____ First Name: _____

Home Address (house number, street) _____

Grade: _____ School of Attendance: _____

Current Phone Number: (____)-____-____ Emergency Phone Number: (____)-____-____

Pick-up Address (house number, street) _____

Phone Number (for pick up location): (____)-____-____ Contact Name: _____

Drop-off Address (house number, street) _____

Phone Number (for drop-off location): (____)-____-____ Contact Name: _____

Note- Bus stops will be located on public serviced roadways. Buses will NOT load/unload students at businesses, parking lots, or areas deemed unsafe by the Transportation Department

Desired Start Date: _____

Reason for request: _____

I authorize the Transportation Department to transport my child/guardian to a permanent alternate address other than my child's home address. I also acknowledge it may take up to 3-5 business days to make necessary route changes in order to accommodate my request.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Transportation Office ONLY:

AM/PM Bus #: _____ Bus Stop Time: _____ Location: _____ Driver: _____

Date to begin: _____ Parent/Guardian Notified By: _____ Date: _____