

**FALLON PAIUTE SHOSHONE TRIBE EDUCATION DEPARTMENT
KINDERGARTEN TRANSPORTATION APPLICATION**

8955 Mission Rd, Fallon, NV 89406
Ph (775)423-8065 Fax (775) 423-8067

One Application per Child

Name of Child:	Date of Birth:	School Year:
Parent/Guardian Name:	Address:	Phone No. - -

Picked Up at the following **Colony/Reservation or school address:**

<input type="checkbox"/> Home	Address:	Phone No.
<input type="checkbox"/> Child Care	Address:	Phone No.

Delivered to the following **Colony or Reservation address:**

<input type="checkbox"/> Home	Address:	Phone No.
<input type="checkbox"/> Child Care	Address:	Phone No.

Name of Teacher:	Class: <input type="checkbox"/> AM 7:45-11:05 <input type="checkbox"/> PM 11:40-3:00	Phone No.
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I authorize the following person to call in for me should my child not be participating in the K-Bus program on a certain day: _____

In case of an emergency contact the following person, if I cannot be reached:

Name:	Relationship to child:	Phone No.
Name:	Relationship to child:	Phone No.

I understand this program runs Monday thru Thursday from 10am to 12:30pm and if my child's schedule should change I am to call and notify the K-Bus program **before 9:30AM**. I agree to release the Fallon Paiute Shoshone Tribe of any liability resulting from the K-Bus Program. I understand that the K-Bus will wait no longer than 2 minutes at the designated pick up for my child due to scheduling of times. I authorize First Aid to be administered to my child in an event of any emergency care, should my child need further medical attention I authorize the nearest medical center or clinic to administer this care.

Signature of Parent/Guardian

Guidelines for the K-Bus Program

- My child will be ready at the designated time at their designated pick up spot. I understand if I am late I am responsible for taking my child to school if he/she misses the K-Bus.
- If my child is not participating in the K-Bus Program I will contact the Education Department no later than 9:30am.
- My child is a Native American member of a Federally Recognized Tribe.
(Please attach a copy of membership card.)
- Participants must live on the Colony or Reservation to be eligible for the K-bus Program.
- I understand that the FPST Education Staff will not pick up or deliver my child unless they are on the bus route or prior arrangements are made in advance because I do not adversely want to affect the bus route schedule.
- I will call or give written permission for someone other than myself to pick up my child. I understand Staff will ask for identification to assure that this is the person who I have given permission to.
- I understand that if an adult is not home when my child is dropped off he/she will be taken to the Education Department, 8955 Mission Rd and it is my responsibility to pick up my child no later than 15 minutes.

Failure to comply will result in the loss of the K-Bus Program privileges.

Signature of Parent/Guardian

Date