

**DARLINGTON COUNTY SCHOOL DISTRICT  
OFFICE OF TRANSPORTATION**

102 Park Street  
Darlington, South Carolina 29532

**2017 – 2018 SCHOOL YEAR**

***MIDDLE SCHOOL/HIGH SCHOOL***

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

FEMALE: \_\_\_\_\_ or MALE: \_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_\_ STUDENT'S GRADE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

A.M. PICK-UP \_\_\_\_\_ YES \_\_\_\_\_ NO

PICK-UP ADDRESS: \_\_\_\_\_

P.M. DROP-OFF \_\_\_\_\_ YES \_\_\_\_\_ NO

DROP-OFF ADDRESS: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

ASSIGNED BUS NUMBER

ASSIGNED DRIVER:

**HARTSVILLE BUS OFFICE:  
DARLINGTON BUS OFFICE:  
LAMAR BUS OFFICE:**

**843- 857-3774 OR 843-857-3808  
843- 398-3574 OR 843-398-3575  
843- 326-7511 OR 843-326-7514**

# EXCEPTIONAL EDUCATION

DARLINGTON COUNTY SCHOOL DISTRICT  
OFFICE OF TRANSPORTATION

102 Park Street, Darlington, South Carolina 29532

*2017-2018 SCHOOL YEAR*

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

FEMALE: \_\_\_\_\_ or MALE: \_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_\_ STUDENT'S GRADE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

A.M. PICK-UP? \_\_\_\_\_ YES \_\_\_\_\_ NO

PICK-UP ADDRESS: \_\_\_\_\_

P.M. DROP-OFF? \_\_\_\_\_ YES \_\_\_\_\_ NO

DROP-OFF ADDRESS: \_\_\_\_\_

EMERGENCY DROP-OFF: \_\_\_\_\_

NAME OF PERSON AT EMERGENCY DROP: \_\_\_\_\_

EMERGENCY PHONE(S): \_\_\_\_\_

\_\_\_\_ Yes, I do OR \_\_\_\_ No, I do not -----give my permission for him/her to be dropped at the designated stop if I am not there to receive him/her. **[IF 'NO', student will be returned to the school and it will be the parent(s) responsibility to pick student(s) up from the school].**

Parent's Signature \_\_\_\_\_

HARTSVILLE BUS OFFICE:	843-857-3774 or 843-857-3808
DARLINGTON BUS OFFICE:	843-398-3574 or 843-398-3577
LAMAR BUS OFFICE:	843-326-7511 or 843-326-7514

DARLINGTON COUNTY SCHOOL DISTRICT  
OFFICE OF TRANSPORTATION

102 Park Street  
Darlington, South Carolina 29532

**2017 – 2018 SCHOOL YEAR**

***ELEMENTARY***

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

FEMALE: \_\_\_\_\_ or MALE: \_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_\_ STUDENT'S GRADE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

A.M. PICK-UP \_\_\_\_\_ YES \_\_\_\_\_ NO

PICK-UP ADDRESS: \_\_\_\_\_

P.M. DROP-OFF \_\_\_\_\_ YES \_\_\_\_\_ NO

DROP-OFF ADDRESS: \_\_\_\_\_

EMERGENCY ADDRESS & PHONE NUMBER: \_\_\_\_\_

**TO PARENTS OF ELEMENTARY STUDENTS ONLY: (check one choice)**

\_\_\_\_ YES, I Do OR \_\_\_\_ NO, I do not give my permission for him/her to be dropped at the designated stop if I am not there to receive him/her. **{IF "NO", student will be returned to the school and it will be the parent(s) responsible to pick student(s) up from the school}.**

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
Parent Signature \_: \_\_\_\_\_

ASSIGNED BUS NUMBER _____	ASSIGNED DRIVER: _____
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<b>HARTSVILLE BUS OFFICE:</b>	<b>843-857-3774 OR 843-857-3808</b>
<b>DARLINGTON BUS OFFICE:</b>	<b>843-398-3577 OR 843-398-3574</b>
<b>LAMAR BUS OFFICE:</b>	<b>843-326-7511 OR 843-326-7514</b>