



WEST BATON ROUGE PARISH
Bus Service Request Form
2026-2027 School Year
(Includes Holy Family School Students)

Please check if applicable:

- ☐ New Student
☐ Existing Student with
Changes to Bus Request

Student's Name: _____

I, (parent/guardian's name) _____, ☐ DO ☐ DO NOT want bus service for my child for the **2026-2027 school year**.

- If you **DO NOT** want bus service for your child, please enter your name and your child's name on the appropriate lines above and sign on the signature line* below. Please return this form to your child's school.
- If you **DO WANT** bus service for your child, please enter ALL requested information on this form and return to your child's school.

Parent/Guardian Signature*

Date

PARENT EMAIL ADDRESS: _____

BUS REQUEST INFORMATION

Please provide the requested information below for all students who require bus transportation. If your child does not need transportation in either the morning or evening because of carpooling or other arrangements, please indicate by writing NO RIDE in the morning or the evening information box below. Please return this form to your child's school.

Child's School for the 2026-2027 School Year: _____

Child's Grade for the 2026-2027 School Year: _____

Parent/Guardian's Name: _____

Physical Home Address (NO P.O. Boxes): _____

Mailing Address (if different from the Physical Address): _____

Town/City, Zip Code: _____

Best Contact Phone Number: _____

If you live on a private street, please check here.

☐ Yes

Entire Physical Address where child will be picked up in the MORNING (No P.O. Boxes):

Entire Physical Address where child will be dropped off in the AFTERNOON (No P.O. Boxes):

Rocking Horse's Adventureland
1953 West Shore Ave.
Port Allen, LA 70767

If your child receives special education services, does your child's IEP indicate that special transportation services should be provided? ☐ Yes ☐ No If Yes, is a lift bus required? ☐ Yes ☐ No