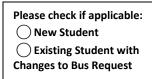


WEST BATON ROUGE PARISH Bus Service Request Form 2024-2025 School Year (Includes Holy Family School Students)



Student's Name: ____

I, (parent/guardian's name) _____

service for my child for the **2024-2025 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 <u>DO WANT</u> bus service for your child, please enter ALL requested information on this form and return to your child's school.

Parent/Guardian Signature*

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 <u>NO RIDE</u> in the morning or the evening information box below. Please return this form to your child's school.

| Child's School for the 2024-2025 School Year: | |
|---|----------------------------------|
| Child's Grade for the 2024-2025 School Year: | |
| Parent/Guardian's Name: | If you live on a private street, |
| Physical Home Address (NO P.O. Boxes): | |
| Mailing Address (if different from the Physical Address): | |
| Town/City, Zip Code: | |
| Best Contact Phone Number: | |

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

Entire Physical Address where child will be <u>dropped off</u> in the <u>AFTERNOON (No P.O. Boxes)</u>: Rocking Horse's Adventureland 1953 West Shore Avenue Port Allen, LA 70767 (225) 749-6177

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

Date

DO DO NOT want bus