



## STUDENT REQUEST FOR TRANSPORTATION\*\*

Parent/Guardian Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Major Crossroads or Bus Stop Description: \_\_\_\_\_

### List FULL NAME of your children who require transportation:

Child Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Child Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Child Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Child Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Child Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Child Name \_\_\_\_\_ Grade Level \_\_\_\_\_

### Bus (Please Mark One)

- Everyday AM Pick up and PM Drop Off
- AM Pick up ONLY       PM Drop Off ONLY

My child MUST BE met at the bus stop by: \_\_\_\_\_  
(if known, name of individual who will meet your child at the stop)

\*The individual must be at the stop or the child will be returned to the school. The time listed on the schedule is the time the bus **LEAVES** the stop – please be at the stop 10 minutes early.

I understand that all information should be kept current. The routes are subject to change throughout the school year

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Enrollment verified \_\_\_\_\_ Office Use Only

Enrollment Date: \_\_\_\_\_ Route: \_\_\_\_\_ Stop: \_\_\_\_\_

Transportation Handbook \_\_\_\_\_