



## **Student Request for School Bus Transportation**

Student Full Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student will ride the bus: Mornings \_\_\_\_\_ Afternoons: \_\_\_\_\_ Both: \_\_\_\_\_

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

Contact Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Bus Stop Location(s) Requested:** Please note Students are allowed one stop location for pick-up and one stop location for drop-off, these locations may be different. Students are not allowed to have multiple pick-up locations and/or drop-off locations. Students will be assigned to the nearest designated bus stop to the requested address/location.

AM Stop Location/Address: \_\_\_\_\_

PM Stop Location/Address: \_\_\_\_\_

Effective Date for Transportation to Begin: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



***TRANSPORTATION  
DEPARTMENT***

