



Student Request for School Bus Transportation

Student Full Name: _____

AGE: _____ DOB: _____

911/Primary Address: _____

Primary Phone: _____

School Name: _____ Grade: _____

Student will ride the bus: MORNINGS: _____ AFTERNOONS: _____ BOTH: _____

Parent/Legal Guardian Name: _____

Contact Phone #: _____ 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.)

911-AM Stop Location/Address: _____

911-PM Stop Location/Address: _____

Effective Dates for Transportation: Start: _____ End: _____

Does your child have any problems the driver should be aware of?(Such as allergies to bee stings, etc.): _____

Comments: _____

Signature: _____

(By signing I understand the "Bus Discipline" on back of form)

PLEASE RETURN TO YOUR STUDENTS BUS DRIVER