

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: _____ 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 Dates For Transportation: Start: _____ End: _____

Parent/Guardian Signature: _____ Date: _____