

BUS SERVICE REQUEST

Please allow a minimum of 3-5 business days to process requests.

Parent/Guardian Name (Mom) _____ (Dad) _____

Parent/Guardian Home Ph No. (Mom) _____ (Dad) _____

Parent/Guardian Cell No. (Mom) _____ (Dad) _____

Parent/Guardian Email Address (Mom) _____

(Dad) _____

Pick up Address _____ Phone No. at pick up address _____

Drop off address if different from above _____ Ph. No. at drop off _____

Babysitter (circle) Yes or No AM / PM Babysitter's Phone No. _____

Land Description for Rural Requests _____

Number to call in case of emergency _____ Cell No. _____

Date of Request _____ Date Bus Service Required _____

One drop off address and one pick up address only.

Driver's name / Stop _____

First and Last Name of Student	School to Attend	Grade	Pupil ID #	D.O.B. if Pre-K
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of the above children have a medical or physical problem you feel the driver should know about? If so, please list the students name, the physical or medical problem and suggestions to help the driver should a problem arise.

Parent/Guardian Signature: _____

Transportation Approval: _____ Date: _____