

School Bus Transportation Request Form

Please circle all that apply: Current student New Student

First day attending or effective date for this request: _____

Health concerns and/or daily medications _____

Full name of Student: _____

Home Address of Student: _____
number street city zip

Home telephone number _____ Cell/other contact number _____

E-Mail Address _____

School Attending: Sr High Middle School Gardens Washington Morton

Please circle all that apply:

Student will be riding school bus: to school from school extra curricular

Students date of birth _____ Grade _____

Alternate Contact person _____ telephone number _____

Parent/Guardian Signature _____ Date _____

For transportation to a location other than the student's home address, please complete this section.

These requests will not always be possible, the decision will be based on our current bus stops, routes and the number of students entitled to ride the bus your student would be added to. We will however grant the request where we are able

Address to be picked up for transportation to school _____

Contact person and phone number at this address _____

Address to be dropped off after school _____

Contact person and phone number at this address _____

This section to be completed by transportation department, this information will be forwarded to your student's school and the school will make you aware of the details of your student's transportation. There is a three day processing period before transportation begins.

Bus # To School _____ AM Bus # Home _____ PM

Location of Bus Stop _____

Reporting time to bus stop Location _____ Time delivered to drop off stop _____

Pro-Start time _____