

## School Bus Transportation Request Form

Please choose all that apply:  New Student  Current Student

First day attending or effective date for this request: \_\_\_\_\_.

Health concerns and/or daily medication \_\_\_\_\_

Full name of student: \_\_\_\_\_

Home address of the student: \_\_\_\_\_  
Street address City

Home telephone number: \_\_\_\_\_ Cell/other contact number: \_\_\_\_\_

Email Address: \_\_\_\_\_

School Attending:  High School  Middle School  Washington  Gardens  Morton

Student will be riding the bus:  to school  from school  extra-curricular only

Students' date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Alternative contact person: \_\_\_\_\_ Contact 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 to.

Address to be PICKED UP at for transportation to school: \_\_\_\_\_

Contact person and phone number at this location: \_\_\_\_\_

Address to be DROPPED OFF at after school: \_\_\_\_\_

Contact person and phone number at this location: \_\_\_\_\_

**This section is to be completed by the 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.**

AM

PM

Bus # to School: \_\_\_\_\_ Bus # Home: \_\_\_\_\_

Location of bus stop: \_\_\_\_\_ Drop off bus stop: \_\_\_\_\_

Reporting time to bus stop: \_\_\_\_\_ Drop off bus stop time: \_\_\_\_\_

PLC Drop Off time: \_\_\_\_\_ Half Day Drop Off time: \_\_\_\_\_