#  ALTERNATIVE STUDENTS TRANSPORTATION REQUEST

**CAMPUS: GRADE:**

**STUDENT’S NAME:**

**STUDENT ID#: *\*(Required for processing)\****

**HOME ADDRESS:**

**HOME #: WORK #: CELL #:**

**YOUR REQUEST IS FOR**… (Please Check One)

**To School Only** **From School Only** **or Both**

1. All students must follow the Transportation Guidelines. Your child needs to be at the assigned bus stop 5 minutes prior the pickup time.
2. Notify the Transportation Dispatcher @ 977-7075, if you will no longer require transportation services for your student.

**PARENT NAME:**

**SIGNATURE: DATE:**

##  Principals/Representative Signature