2019-2020 Transportation Inquiry Form

If you are a waiver, walker or a student wanting to ride a bus other than assigned for your primary address please complete this form. After completion, please email to transportation@nsd.org, fax to 425-408-7902, or mail to Northshore School District, c/o Transportation Department, 3330 Monte Villa Parkway, Bothell, WA 98021 for processing.

At the beginning of the school year it is necessary to wait until all eligible riders (music and other special programs etc.) have had the opportunity to ride before an accurate assessment of the number of students is confirmed prior to knowing if there is available space on the bus. This takes place the beginning of November of each school year. At that time if space is available students can be assigned to a bus and stop. You will be notified by email after the assessment.

- Families will be notified of approval/denial by the end of November by email
- The completion of this form does not guarantee a bus ride and approvals are contingent on available seats
- Students must utilize a pre-existing stop location within the service area of your school
- Approval of form is only good for one school year
- Ridership may be revoked if students do not adhere to the bus rules

Please check appropriate box: □ Waiver Student □ Dual Household □ Daycare □ Other_______

Student Name (first & last) ___________________________ Date ____________________

Parent/Guardian Name (first & last) ___________________________

Address ________________________________________________________

Email ___________________________ Contact Phone # (_______) _________________

Name of School Registered for the 2019 – 2020 School Year ____________________________

Requested Existing Stop Location (if known) ____________________________

Requested Bus # (if known) ________________ Requested Time of Transportation □ AM □ PM

I have read and understood the conditions of ridership and acknowledged that the completion of this form does not guarantee a bus ride and that I will be notified after my form has been reviewed; this will take place at the beginning of November. □ YES □ NO

Parent Signature ___________________________ Date ____________________

Transportation Department Use Only
Approved □ Denied □ Date Effective: _________ AM Bus #: _______ Pick up Time: _______ PM Bus #: _______

Drop off Time: _______ New Stop Location/Action Taken: _________________________________

Request Reviewed By: _______ Evaluation Date: _______ Parent/Driver Notified on: _______ By: _______