



STAFFORD MUNICIPAL SCHOOL DISTRICT

Stafford Alternative Education Center

2016-2017

Transportation Request - SAEC

Stafford Alternative Education Center Transportation start date: _____
Month Day Year

The transportation department will call to inform you of bus stops and times prior to providing

Student Name: _____ Grade: _____

Parents Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Address: _____

Name of Subdivision or Apartments: _____

- I understand that Transportation provided for my child is a privilege. Any behavioral incident may result in loss of those privileges.

- My student will ride the bus daily while at the Alternative Education Center/SAEC. I understand that I am responsible for notifying SMSD Transportation at (281) 208-6156 or (281) 208-6158 if the student will be absent.

- Any student that does not ride the bus three consecutive days to SAEC, without notice, will be removed from the bus schedule.

Parent Signature

Date