

**First Student**  
**Transportation Request Form**

**\*\*Parents/Guardians must complete this form if bus service is required. Transportation must be requested prior to July 12, 2021 to ensure bus service the first day of school.\*\***

Date: \_\_\_\_\_

**Circle One:** Existing or New Student   Residential Address Change   Daycare Changes   Withdraw

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

DPS Home School \_\_\_\_\_ School Attending \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

DPS Home School \_\_\_\_\_ School Attending \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

DPS Home School \_\_\_\_\_ School Attending \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

DPS Home School \_\_\_\_\_ School Attending \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

Daycare Name: \_\_\_\_\_ Daycare Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daycare Contact Name: \_\_\_\_\_ Daycare Phone Number: \_\_\_\_\_

***If daycare address is used, your student will be picked up and dropped off at this address.***

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date