

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION**

BUS TRANSPORTATION REQUEST FORM

8001.01F

School Year: _____

Student's Legal Name: _____
Last First Middle

Date of Birth: _____ Sex: ☐ Male ☐ Female

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ School: _____ Grade: _____

REQUESTED SCHOOL BUS TRANSPORTATION:

Requested Start Date: _____

Select Only One: ☐ AM & PM ☐ AM only ☐ PM only

If you are requesting an alternate stop location **IN PLACE OF** the student's home address, indicate below.
Transportation may be provided to qualifying locations within the school attendance boundary only.

Note: Requests for alternate stop locations must be submitted and approved annually.

Stop Location for AM: _____

Stop Location for PM: _____

Please note that a bus stop evaluation must be performed and completed prior to the start of all transportation services. Pre-designated stop locations **that do not require special signage may be approved within three business days. For stop locations requiring special signage, we must await sign placement by the roadway authority before service can begin. Bus service will only be provided to and from approved designated bus stop locations.*

FOR PRESCHOOL CHILDREN ONLY

List information for each person to whom student may be released.

NOTE: Must Show Picture Identification to bus driver to receive student.

Legal Name (printed)	Relationship	Phone Number

Name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: _____ Date: _____

SCHOOL STAFF ONLY

Did parent/guardian & student receive a copy of 8030.01AR? ☐ Yes ☐ No

Signed (parent/guardian & student) copy of 8030.01F in student file? ☐ Yes ☐ No

E-Mail Form to Route Area Manager and Notify Route Area Manager Via Phone @222-9337.