

OAKDALE JOINT UNIFIED SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT  
TELEPHONE 209-847-7003 FAX 209-847-3539

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE \_\_\_\_\_

NEAREST CROSS STREET \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ WORK PHONE \_\_\_\_\_

A.M. KINDERGARTEN \_\_\_\_\_ P.M. KINDERGARTEN \_\_\_\_\_

THIS STUDENT ATTENDS THE FOLLOWING SCHOOL:  
(PLEASE CHECK SCHOOL STUDENT ATTENDS)

\_\_\_\_\_ CLOVERLAND \_\_\_\_\_ FAIR OAKS \_\_\_\_\_ MAGNOLIA  
\_\_\_\_\_ SIERRA VIEW \_\_\_\_\_ O.J.H.S. \_\_\_\_\_ O.H.S.  
\_\_\_\_\_ STAN.TECH \_\_\_\_\_ 6<sup>TH</sup>. \_\_\_\_\_ 7<sup>TH</sup>.

**PLEASE FILL OUT THIS FORM IF YOU WANT A BUS RIDE AND SUBMIT IT TO YOUR  
SCHOOLS FRONT OFFICE.**

*(FOR TRANSPORTATION OFFICE USE ONLY)*

This student will ride route number: \_\_\_\_\_ Pick up time: \_\_\_\_\_ A.M.

Morning bus stop location: \_\_\_\_\_

This student will ride route number: \_\_\_\_\_ Drop off time: \_\_\_\_\_ P.M.

Afternoon bus stop location: \_\_\_\_\_

Parent Contacted \_\_\_\_\_ Parent Not Contacted \_\_\_\_\_ Left Message On Machine \_\_\_\_\_

Who Called the Parents or Left a Message \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_ Escort \_\_\_\_\_

Denied \_\_\_\_\_

Non-Escort \_\_\_\_\_