

Request for Bus Transportation

BUS needed in
the

The following students will need bus transportation:

	<u>Student</u>	<u>School</u>	<u>Grade</u>	<u>AM</u>	<u>PM</u>
List all student in household					

ORIGINAL INFORMATION FROM
REGISTRATION

Parent/Guardian Name: _____

Home address: _____ Bus # _____

Home Phone: _____ Alt. Phone: _____

AM Pick Up address: ___ Home ___ Sitter

Sitter Name: _____ Phone _____ Bus # _____

(Sitter's address)
PM Drop Off address: ___ Home ___ Sitter

Sitter Name: _____ Phone _____ Bus # _____

(Sitter's address)

NOTE TO PARENT: For the safety of the students, if there are any changes during the school year to your child's transportation plan, you **MUST SUBMIT IN WRITING** the *complete alternate address, name of whose residence, dates child is to go to this address* to the principal's office so your child can receive a BUS PASS for your child to be delivered or picked up at that alternate address.

Update to Transportation Needs: (For office use)

Date	ADDRESS/other info:	WHOSE RESIDENCE	BUS #	Initials

ERP: NORMAL OR Other: _____