

Transportation Request Form

DS Bus Lines
12036 Leavenworth Road
Kansas City, KS 66109

Email: Jake.Andrade@dsbuslines.com
Phone: 913-721-9019
Fax: 913-721-9746

Transportation is not available for 3 y/o unless they are in Special Education.

Name of Child: _____

Grade Level: _____

Will bussing be required for **AM** (pick up), **PM** (drop off), or **Both**: _____

Pick up (AM) Address (**address MUST be within District boundaries**):

Drop off (PM) Address (**address MUST be within District boundaries**):

Note:

- * If you need to change pick up or drop off addresses after submitting this form, please contact your child's school office.
- * If you are unsure if your pick up or drop off address(es) are out of district, please contact your child's school office to verify.

Signature: _____

Date: _____