

Craven County School Transportation Request

Dear Parent or Guardian:

Please complete this form and submit to your child's school of attendance.

Student's Name: _____			
	(Last)	(First)	(MI)
Student # _____			
(Supplied by school)			
Current Grade: _____	School Attending _____		
Home Address: _____			
(Number)	(Street Name)	(City)	(Zip)
AM BUS: <input type="checkbox"/> YES <input type="checkbox"/> NO			

(Alternate address if different than HOME)			
PM BUS: <input type="checkbox"/> YES <input type="checkbox"/> NO			

(Alternate address if different than HOME)			
_____ No, my child does not need bus transportation			

During the school year, parents/guardians should expect a three (3) day minimum turn-around time to allow the Transportation Department to receive and process any request.

* At the beginning of a new school year, this may take up to 10 days school days and parents/guardians will have to provide transportation for their children to and from school until bus transportation can be determined.

Parent /Guardian Signature _____

Phone Number _____ **Date** _____