

Transportation Office Use Only:

Date Received: \_\_\_\_\_ Stop Id: \_\_\_\_\_ Bus # \_\_\_\_\_ Time: \_\_\_\_\_ AM; \_\_\_\_\_ PM UR: \_\_\_\_\_ BD: \_\_\_\_\_ RS Date: \_\_\_\_\_

## Caswell County Schools Bus Transportation Request

Please complete this form if you are requesting School Bus Transportation for your child.

**Please print**

Check one: \_\_\_\_\_ New Student \_\_\_\_\_ Change in pick up or drop off location \_\_\_\_\_ Change of address  
\_\_\_\_\_ Other: \_\_\_\_\_

Student Information:

Child's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

My child needs:  AM Stop  PM Stop  Both (Same as home address)

AM Bus Stop Location: \_\_\_\_\_  
If different from above address

PM Bus Stop Location: \_\_\_\_\_  
If different from above address

There is a **three (3) day minimum** turnaround period for Bus Transportation Requests made during the regular school year.

Parents/guardians requesting bus transportation should expect a three (3) day minimum turnaround to allow the Transportation Department to receive and process the request.

Parents/guardians will have to provide or arrange for transportation for their children to and from school until bus transportation arrangements can be determined.

The school will notify the parent/guardian when the request has been processed.

By signing below I signify that I have read and understand the information on this form:

Parent/Guardian Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Information for Schools: \*\***

New Student/Change of address: Student information must be entered into Power School prior to sending this form to transportation for processing. Please fax to 336-694-5648 or email to [debra.moore@caswell.k12.nc.us](mailto:debra.moore@caswell.k12.nc.us). Please do not do both.