

OAKDALE JOINT UNIFIED SCHOOL DISTRICT TRANSPORTATION DEPARTMENT
TELEPHONE 209-847-7003 Email- mustangmovers@ojusd.org
2024/25_School Year



TODAY'S DATE _____ DATE TO START RIDING BUS _____

STUDENT NAME: _____ GRADE: _____

ADDRESS: _____

NEAREST CROSS STREET: _____

PARENT/GUARDIAN: _____

HOME PHONE: _____

WORK PHONE: _____

A.M. KINDERGARTEN _____ P.M. KINDERGARTEN _____ THIS

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

_____ CLOVERLAND _____ FAIR OAKS _____ MAGNOLIA

_____ SIERRA VIEW _____ O.J.H.S. _____ O.H.S. ___7TH PERIOD

_____ EAST STANISLAUS HIGH

**PLEASE FILL OUT THIS FORM IF YOU WANT A BUS RIDE AND SUBMIT IT TO THE
SCHOOL OFFICE OR THE EMAIL LISTED ABOVE.**

(FOR TRANSPORTATION OFFICE USE ONLY)

This student will ride route number _____ Pick up time: _____ AM

A.M. Morning bus stop location:

This student will ride route number _____ Drop off time: _____ PM

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 _____ Non-Escort _____