

# Transportation Request Form

DS Bus Lines  
12036 Leavenworth Road  
Kansas City, KS 66109

Email: [Jack.Andrade@dsbuslines.com](mailto:Jack.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: \_\_\_\_\_