



Higley Unified School District #60

OUT OF BOUNDARY / OPEN ENROLLMENT

TRANSPORTATION APPLICATION

Student's Name _____
Last First Middle Initial

Male Female Date of Birth _____ Student ID# _____

Home Address _____

City _____ State _____ Zip Code _____

Home # _____ Cell Phone _____ Work Phone _____

Email Address _____

This is a request for school year 20____ - 20____ (one school year only) Grade _____

School currently attending _____

Student lives with (name) _____ Relationship to student _____

Has a sibling also applied for open enrollment transportation to this school? Yes No

If yes, list sibling(s) & grade(s) _____

Preferred bus/stop location _____

Please justify your request _____

The parent/guardian signing this application affirms that the student seeking transportation will abide by the student transportation rules and regulations. Failure to comply with transportation policies will lead to immediate revocation of open transportation status. Parents requesting transportation must get their students to the nearest available bus stop. Stops CANNOT be added, moved, or in any other way adjusted for open enrollment students.

Parent/Guardian Signature _____ Date _____

ACCEPTANCE IS ON A YEAR-TO-YEAR BASIS ONLY AND MUST BE REQUESTED EACH YEAR AND MAY BE REVOKED AT ANYTIME.

District Use Only

Request Approved: Yes No Route ID: _____ Service Times: _____ AM _____ PM

Service Location: _____

Transportation Rep: _____
Signature Date

School Rep: _____
Signature Date

Return this form in PDF format to:

Higley USD Transportation Department
2140 S. Higley Rd
Gilbert, AZ 85296
-OR_
transportation@husd.org

