441 Page Street • P. O. Box 427
Troy, North Carolina 27371-0427
PHONE: (910) 576-6511 • FAX (910) 576-2044

SCHOOL BUS TRANSPORTATION REQUEST FROM

Parent: Return this completed form to school office.

School Name (Print): _____

Student's Name (Print): _____

Student's Street Address (Print): _____

Student's City (Print): _____

AM-PICK UP ADDRESS: _____
HOUSE NUMBER STREET NAME ZIP CODE

☐ ✓ If PM address is the same as AM address

PM-DROP OFF ADDRESS: _____
HOUSE NUMBER STREET NAME ZIP CODE

MORNING? ✓ - YES ☐ NO ☐ AFTERNOON? ✓ -YES ☐ NO ☐

- Ridership status and/or bus stops are subject to cancellation after five (5) consecutive school days of no ridership. If your child will be absent from bus service for more than five (5) days and you'd like to keep their status active, please notify the school office. **Students must ride at least once every five (5) days** in order to remain active. **Parent's Initial** _____
- Requests received after **July 31** will not be routed for the first day of school. Transportation for late forms will be implemented in the order in which they are received by the Transportation Office beginning September 1st. After **September 1st and during the school year, it may take up to 5 school days to establish transportation. Parent's Initial** _____
- Transportation for social activities is not allowed and is parent/Guardian responsibility.
  NOTE: Unless there is space available.

Parent/Guardian Name (Print): _____

Parent/Guardian Contact Information:
(Number to receive automated messages/emergency/attendance info)

Phone: _____

1. Phone: _____ ✓ - Mom ☐ Dad ☐ Guardian _____
2. Phone: _____ ✓ - Mom ☐ Dad ☐ Guardian _____

PARENT/GUARDIAN SIGNATURE _____

(Transportation office use only)

Bus stop # _____

Bus Run # _____