



Bernard Bus Service

103 NORTHWEST DIVISION ST CHATFIELD, MN 55923



STUDENT TRANSPORTATION REQUEST

Today's Date: _____ Date to Begin: _____ District Attending: _____

Parent(s) Name(s): _____

Address: _____ Home Phone: _____

_____ Mom Cell Phone: _____

_____ Dad Cell Phone: _____

Parent(s) Email Address(es): _____

My child(ren) will be riding the bus: _____ mornings _____ afternoons

Please provide a schedule to us if several changes are going to be made.

Student Name(s):

Grade:

My child(ren) will be riding to school in the morning or afternoon to an address other than my home:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

SPECIAL INSTRUCTIONS/ ADDITIONAL INFORMATION:

Email form back to: Josh@bernardbuservice.com

Or mail to:

Bernard Bus Service, Inc.

103 NW Division St. Chatfield, MN 55923

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OFFICE USE ONLY:

Route Assignment _____ Pick-Up Time _____ Drop-Off Time _____

Notes: _____