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

SCHOOL BUS TRANSPORTATION REQUEST FORM

Parents: Return this email the completed form to
transportationforms@montgomery.k12.nc.us

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**_____

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 # _____