<Insert School Name Here>

BUS STOP REQUEST FORM

_____ My child does not require transportation for the 2013-14 school year. I will not be completing the rest of this form.

__________________________________________________________
Parent Signature

DATE: ________________ STUDENT NAME: _____________________________________________

STUDENT GRADE 13-14: __________ SCHOOL YEAR ENTERING: __________

SCHOOL STUDENT IS ATTENDING: __________________________________________________________

ADDRESS OF STUDENT: ________________________________ ________________________________

ADDRESS OF REQUESTED BUS STOP: __________________________________________________________

DATE STOP TO BEGIN: ________________ CHECK ONE: _____ MORNING _____ AFTERNOON or _____ BOTH

REASON FOR REQUEST: ________________________________________________________________

__________________________________________________________
PARENT/GUARDIAN NAME: ________________________________________________________________

DAYTIME PHONE: ________________________ CELL PHONE: ________________________

EMERGENCY CONTACT ON FILE WITH SCHOOL: __________________________________________________

HOME PHONE: ________________________ CELL PHONE: ________________________

PARENT/GUARDIAN SIGNATURE: ________________________________________________________________

SCHOOL ADMIN. SIGNATURE: ________________________________________________________________

USE THIS FORM TO REQUEST YOUR CHILD’S BUS STOP.

REQUEST MUST BE SIGNED BY SCHOOL ADMINISTRATION BEFORE FIRST STUDENT CAN ASSIGN A BUS NUMBER

PLEASE NOTE: ANY CHANGES WILL TAKE AT LEAST TWO SCHOOL DAYS TO IMPLEMENT

FOR FIRST STUDENT AND OFFICE USE ONLY

BUS NUMBER: ________

STOP LOCATION: __________________________________

AM PICK UP TIME: ________________________ PM OFF TIME: ________________________