



OFFICE USE ONLY

DATE SENT to bus company: _____ STAFF INITIALS: _____

DATE PARENT NOTIFIED: _____

BUS COLOR: _____ STOP LOCATION: _____

AM PICK UP TIME: ____:____ PM OFF TIME: ____:____

DATE: ____/____/____

SCHOOL YEAR: _____

STUDENT NAME: _____, _____ GRADE: _____
(LAST NAME), (FIRST NAME)

Please indicate how your child will be arriving and departing from school each day:

MORNING: *Car Rider / Walker Bus Rider (continue filling out the rest of this form)

AFTERNOON: *Car Rider / Walker Bus Rider (continue filling out the rest of this form)

Walker Permission (for Middle School Students only):

- I give permission for my child to walk home after school.
- My child is not allowed to walk home after school without adult supervision.

PARENT/GUARDIAN SIGNATURE: _____

If you are **not in need of bus services for morning or afternoon, you will **not** need to complete the rest of this form.*

Information for bus company:

REQUESTED START DATE: ____/____/____

ADDRESS OF STUDENT: _____
_____(city), _____(state) _____(zip code)

ADDRESS OF REQUESTED BUS STOP (if different from student's address above) :

_____(city), _____(state) _____(zip code)

PARENT/GUARDIAN NAME: _____

DAYTIME PHONE: _____ CELL PHONE: _____

EMAIL: _____

NAME OF ADULT PICKING UP/DROPPING OFF THE STUDENT AT STOP (if different from parent/guardian noted above):

HOME PHONE: _____ CELL PHONE: _____

PARENT/GUARDIAN SIGNATURE: _____

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