School Bus Transportation Request For School Year 2024-2025

All students requiring transportation must submit an individual request form annually. Please ensure student's enrollment has been finalized prior to completing this form. Submission of a transportation request is not a guarantee of service; approval is contingent upon existing bus routes, locations, and availability.

Transportation Eligibility Requirements:

- Student must reside in the school's district.
- Student must reside more than two miles from the school.
- Application must be completed, submitted, reviewed, and approved by school transportation.

Completed by parent/guardian (please print clearly)

| School: | ol: | | Date: | |
|--|-----------------------------|-------------|-------------|--|
| Student name: | | | | |
| Last | First | | Middle | |
| Student address: | | | | |
| Street | City | Stat | te Zip | |
| DD MM Year | Grade: | | | |
| AM pick-up address: (Must be the same | 5 days a week) | | | |
| itreet | City | State | Zip | |
| PM drop-off address: (Must be the same | e 5 days a week) | | | |
| | | | | |
| itreet | City | State | Zip | |
| Parent/guardian name: | | Phone: | | |
| Parent/guardian name: | | Phone: | | |
| Emergency contact name: | | Phone: | | |
| Parent/guardian signature: | | Date: | | |
| Compl | eted by Transportation Depa | rtment | | |
| APPROVED DENIED Reason if den | ied | | | |
| Driver's name: | | Bus number: | Bus number: | |
| Stop location: | | | | |