



**K-5
TRANSPORTATION REQUEST**

Parents/Guardians:

Please complete this form and return it to the school.

Student Name: _____

Home Address & Postal Code: _____

School: _____

- My child does not require daily transportation by school bus – we drop-off in the morning and pick-up in the afternoon.
- My child requires school bus transportation morning and afternoon to/from our home address. Indicate bus number if known: a.m. _____ p.m. _____
- My child requires school bus transportation mornings only from the same address each day – we pick-up after school:
 - o from the home address above
 - o alternate location: _____
- My child requires school bus transportation afternoons only to the same address each day – we drop-off in the mornings:
 - o to the home address above
 - o alternate location: _____
- My child requires school bus transportation from home in the mornings, and in the afternoon to one _____ location used consistently on the same days each week (rotational schedules are not accommodated):
 - o primary location: _____ M T W Th F
 - o we require afternoon accommodation as stated above, however we transport the child to school in the morning
- My child is registered at/or attending this school as an alternate placement (out-of-zone), and if permission is granted, I understand transportation is my responsibility.

Special Instructions or Medical Information of which the driver should be aware:

Parent/Guardian Names: _____

Home Phone Number: _____

Work/Other Phone Number: _____