



Date _____

NEW STUDENT TRANSPORTATION REQUEST

Parent(s)/Guardian(s) _____ / _____

Home Phone _____

Parent 1 C _____ Parent 2 C _____

Parent 1 W _____ Parent 2 W _____

Pick up Address _____

Emergency Contact Name: _____

Emergency Contact Phone: C _____ /W _____

NAME OF STUDENT(S)	SCHOOL	GRADE

*** For Office Use Only ***

Driver _____ Route# _____ Bus# _____ Express Rt.# _____

COMMENTS	USE ONLY	
_____	Bus Planner	Yes_ No_
_____	Driver	Yes_ No
_____	Attendance/Seating	Yes_ No
_____	Power School	Yes_ No_
_____	Complete_	

