

Please allow a minimum of 3-5 business days to process requests.

2024-2025 BUS SERVICE REQUEST

Date: _____

☐ Continuation of Service ☐ New Request ☐ Change Request ☐ Removal of Service

School Name: _____

Parent/Guardian Name 1: _____ Phone: _____

Parent/Guardian Name 2: _____ Phone: _____

Child's Name: _____ Grade: _____ *Prekindergarten/Kindergarten:*
☐ AM ☐ PM ☐ Even ☐ Odd

Child's Name: _____ Grade: _____ ☐ AM ☐ PM ☐ Even ☐ Odd

Child's Name: _____ Grade: _____ ☐ AM ☐ PM ☐ Even ☐ Odd

One drop off address and one pick up address only/ Land Locations

Morning Pick-Up Address: _____ Home Daycare

Afternoon Drop-Off Address *(if different than AM)*: _____ Home Daycare

Phone Number if AM/PM Address is Different from Home: _____

Date Bus Service Requested: _____

Name of Bus Driver & Route *(if known)*: _____

Please note any medical conditions the bus driver should be aware of:

Parent/Guardian Signature: _____

Transportation Use Only

Remove From

Add To

Pick Up: _____

Drop Off: _____

Effective: _____ **Signature:** _____