



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_
_____	<b>Complete_</b>	
_____		
_____		