



STUDENT TRANSPORTATION REQUEST FORM

Transportation Department . (229) 431-1265 . Fax (229) 431-3419

SY: _____

Date: _____

STUDENT INFORMATION			
New School Year:	New Rider:	Change of Information:	
Student Name:	DOB:	Sex:	
Student ID:	Grade:	School:	
Home Address:			
Home Phone:	Work Phone:	Cell Phone	
Student Resides With:			
Name	Relationship	Phone Number	

Are you requesting alternate pickup and delivery locations other than home address? Yes No

HOME TO SCHOOL TRANSPORTATION	
Will your child ride the bus to school from home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, give name of person or Child Care Facility at alternate location: _____	
Address of alternate location: _____	
Phone number at alternate location: _____	

SCHOOL TO HOME TRANSPORTATION	
Will your child ride the bus from school to home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, give name of person or Child Care Facility at alternate location: _____	
Address of alternate location: _____	
Phone number at alternate location: _____	

Parent/Guardian Signature: _____	Date: _____
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<i>School Use Only</i>							
Please Circle One: (School Type)	<i>Regular Ed.</i>	<i>Pre-K</i>	<i>Exceptional Students</i>	<i>Oak Tree</i>			
Please Circle One: (Bus Type)	<i>Reg. Ed.</i>	<i>ESP/Reg. Ed.</i>	<i>ESP</i>	<i>ESP/3-4yr old</i>	<i>Lift Bus</i>	<i>Oak Tree</i>	<i>Pre-K</i>
School Official: _____	<i>Signature</i>			Date: _____			

TRANSPORTATION DEPARTMENT USE ONLY		
The above request has been:	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
Transportation Official: _____	<i>Signature</i>	<i>Date</i>