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 ☐ No ☐

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 ☐ No ☐

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: _____

School Use Only

Please Circle One: (School Type) ***Regular Ed.*** ***Pre-K*** ***Exceptional Students*** ***Oak Tree***

Please Circle One: (Bus Type) ***Reg. Ed.*** ***ESP/Reg. Ed.*** ***ESP*** ***ESP/3-4yr old*** ***Lift Bus*** ***Oak Tree*** ***Pre-K***

School Official: _____ Date: _____

Signature

TRANSPORTATION DEPARTMENT USE ONLY

The above request has been: Approved ☐ Not Approved ☐

Transportation Official: _____ _____

Signature *Date*