



2009 - 2010 Transportation Services Request

(Students who reside within a one-mile radius of their home school are not eligible for bussing.)

PLEASE COMPLETE ONE FORM PER STUDENT.

If you wish to have bussing services available for your student please complete the following information. Please allow up to 3 student days for processing.

Student Name _____
Last First Middle

School Attending _____ **Grade** _____

Identify (if applicable): Open Enrolled Special Needs Homeless

Please note: Pick up and drop off locations must be located within district boundaries.

Address student coming from: _____

Address student goes to after school: _____

Parent/Guardian Name _____

Contact Phone Number _____

Transportation Office:

AM and PM - All Days except Wednesday AM

AM (Pick up address) Rt.# _____ Time _____ Stop _____

PM (Drop-off address) Rt.# _____ Time _____ Stop _____

Wednesday AM (Late Start Meadow Brook and Sager only)

AM (Pick up address) Rt.# _____ Time _____ Stop _____

Request completed by (initials) _____

Parent contacted on and by (initials) _____