



Westminster School

School Bus Service Request

2018/2019

Requesting Parent's Name _____
Last First M.I.

Parent/Guardian 1 Telephone (h) _____ (w) _____ (c) _____

Parent/Guardian 2 Telephone (h) _____ (w) _____ (c) _____

| Student's Name | Sex | Entering Grade |
|----------------|-----|----------------|
| _____ | M F | _____ |
| _____ | M F | _____ |
| _____ | M F | _____ |

Type of Service: Round Trip (a.m. & p.m.) To School **Only** (a.m.) From School **Only** (p.m.)

Morning Pick-up Address:

_____ Supervising Adult _____

_____ Telephone Number _____

_____ Cell Phone Number _____

Subdivision _____ Nearest Intersection _____

Afternoon Drop-off Address (if different from above):

_____ Supervising Adult _____

_____ Telephone Number _____

_____ Cell Phone Number _____

Subdivision _____ Nearest Intersection _____

Remarks

Parent Signature _____

Date _____

Bus Registration Fee: \$90.00 (non-refundable)

| |
|-------------------|
| Zone _____ |
| Approved _____ |
| Disapproved _____ |
| Date _____ |