



School Bus Service Request

2020/2021

Requesting Parent's / Guardian's Name _____
Last First M.I.
(h) _____ (w) _____ (c) _____

Parent/Guardian 2 Name: _____
(h) _____ (w) _____ (c) _____

Student's Name	Sex	Entering Grade
_____	M F	_____
Last First M.I.		
_____	M F	_____
Last First M.I.		
_____	M F	_____
Last First M.I.		

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 _____