

Please allow a minimum of 3-5 business days to process requests.

BUS SERVICE REQUEST FORM Date:(dd-MMM-yyyy) _____

(Example: 02-Sep-2025)

- Continuation of Service
- New Request
- Change Request
- Removal of Service

School Name: _____

Parent/Guardian Name 1: _____ Phone: _____

Parent/Guardian Name 2: _____ Phone: _____

Child's Name: _____ Grade: _____ *Prekindergarten/Kindergarten: OAM OPM OEven OOdd*

Child's Name: _____ Grade: _____ *OAM OPM OEven OOdd*

Child's Name: _____ Grade: _____ *OAM OPM OEven OOdd*

One drop off address and one pick up address only/ Land Locations

Morning Pick-Up Address: _____ Home Daycare

Afternoon Drop-Off Address *(if different than AM)*: _____ Home Daycare

Phone Number if AM/PM Address is Different from Home: _____

Date Bus Service Requested: _____

Name of Bus Driver & Route *(if known)*: _____

Please note any medical conditions the bus driver should be aware of:

Parent/Guardian Signature: _____

Transportation Use Only	
Remove From	Add To
Pick Up: _____	_____
Drop Off: _____	_____
Effective: _____ <small>(dd-MMM-yyyy)</small>	Signature: _____