PS_	
BC_	
LW	

2020-2021 Busing Request Form

If your child requires daily transportation to a location <u>other than your home address</u>, or if you have moved, please submit your request prior to the end of the current school year.

Studenta Nama	
Student's Name	Circle one: SES SHS SMS SVS WSS
Home Phone Number	
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	ndatory transfers and will be the only type ough your school office. We will no longer honor any
non-mandatory student transfer requests must be provided by a parent or guardiar	s. Transportation for non-mandatory student transfers n.
Child Care:	
	Id care provider in your child's school attendance
zone. The transportation schedule must transfer must be on file.	be permanent and a signed document requesting this
Legal Agreement:	
•	n your child's school attendance zone. A copy of the
legal document must be on file.	
Emergency Transfer:	
•	ergency may occur. This transfer must be authorized by
the school administrator or his/her design	nee.
My Child will require AM transportation	on to school from:
Name of Adult in Charge:	
Address:	
Phone Number:	
Days of the week to be picked up at this	address: M T W TH F
My Child will require PM transportatio	n from school to:
Name of Adult in Charge:	
Address:	
Phone Number:	
Days of the week to be dropped off at thi	s address: M T W TH F
Parent Signature	Date