Special Bus Request

These requests will not always be possible, the decision will be based on our current bus stops, routes and the number of students entitled to ride the bus your student would be added to. We will however grant the request if we are able. Please be advised that this request needs to be filled out and returned to the District office. Once your request has been approved, you will be notified by either phone or email of the bus details.

***Note: If a driver does not feel comfortable leaving the child at the requested stop, they will bring the child back to the school and pick up will be the parents' responsibility.

Name		Home Address		City	
Building		Grade	Teacher		
Monday	Tuesday	Wednesday	Thursday	Friday	
	(Select Days for	Normal Drop-Off – For co	urrent bus riders.)		
For transportati	ion to a location oth	ner than the student's h	ome please comple	to this section	
i or transportati	ion to a location of	ier than the student s n	ome, piease comple	te tills section.	
Alternate Contact Name		Alternate Address	City		
Monday	Tuesday <i>(Sele</i>	Wednesday ct Days for Alternate Dro	Thursday p-Off)	Friday	
			,		
Start Date		End Date			
Parent/Guardian Name		Home Phone	Cell Phone	Email	
Parent/Guardian Signatu		ature	Date		
*******	*******	FOR OFFICE USE ONLY	/***************** *	******	
Superintendents Initials		Transportation Initials			
	ate Received		Date Received	1	
	late Received		Date Received	1	
Approved	Denied	Assigned Bus #	Assigned Bus # Assigned Route Driver Name		
_					
On Current Route			In-District		