2017-2018 TRANSPORTATION REQUEST/ WAIVER

This information will be used to assess transportation needs, determine eligibility, and plan busing for students. **Due by Friday, June 23th**. Any forms received or changes requested after July 23st will not be made until after first week of school.

☐ **I/We request bus service for the following student(s):**

Student's Name _____ Grade in Aug, 2017 _____

Student's Name _____ Grade in Aug, 2017 _____

Student's Name _____ Grade in Aug, 2017 _____

Student's Name _____ Grade in Aug, 2017 _____

AM - Student(s) will be coming from:	☐home address	☐daycare address	☐ before school care/bus not needed
PM - Student(s) will be returning to:	☐home address	☐daycare address	☐ after school care/bus not needed

Home Address _____
Street City Zip

Home Phone ( ) - Cell Phone ( ) -

Parents/guardians with shared custody situations should contact the school administration once school begins.

If the address above is not in the 279 school district boundary, the closest available stop within the boundary will be routed for your child(ren). The closest available stop may not be within walking distance from the address above.

Daycare Information/Secondary Address

You must complete this section if the student is to be picked up or dropped off at a daycare location or secondary address.

A student may have one pick-up address and one different drop-off address if necessary.

Daycare provider's name (if applicable) _____

Daycare/Secondary address _____
Street City Zip

Daycare/Secondary Address phone ( ) -

☐ **I/We would like to waive bus service for the following student(s):**
(We will be making other arrangements and will not need any bus transportation.)

Student's Name _____ Grade in Aug, 2017 _____

Student's Name _____ Grade in Aug, 2017 _____

Student's Name _____ Grade in Aug, 2017 _____

Student's Name _____ Grade in Aug, 2017 _____

I certify that all information contained on this form is accurate. If any of this information changes, I will immediately notify the school administration.

Parent/Guardian Signature _____

Print Parent/Guardian Name _____ Date _____