

<Insert School Name Here>

**BUS STOP REQUEST FORM**

\_\_\_\_\_ My child does not require transportation for the 2013-14 school year. I will not be completing the rest of this form.

\_\_\_\_\_  
Parent Signature

DATE: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

STUDENT GRADE 13-14: \_\_\_\_\_ SCHOOL YEAR ENTERING: \_\_\_\_\_

SCHOOL STUDENT IS ATTENDING: \_\_\_\_\_

ADDRESS OF STUDENT: \_\_\_\_\_  
\_\_\_\_\_

ADDRESS OF REQUESTED BUS STOP: \_\_\_\_\_  
\_\_\_\_\_

DATE STOP TO BEGIN: \_\_\_\_\_ CHECK ONE: \_\_\_\_\_ MORNING \_\_\_\_\_ AFTERNOON or \_\_\_\_\_ BOTH

REASON FOR REQUEST: \_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT ON FILE WITH SCHOOL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

SCHOOL ADMIN. SIGNATURE: \_\_\_\_\_

USE THIS FORM TO REQUEST YOUR CHILD'S BUS STOP.  
REQUEST MUST BE SIGNED BY SCHOOL ADMINISTRATION BEFORE FIRST STUDENT CAN ASSIGN A BUS NUMBER  
**PLEASE NOTE: ANY CHANGES WILL TAKE AT LEAST TWO SCHOOL DAYS TO IMPLEMENT**

<b><u>FOR FIRST STUDENT AND OFFICE USE ONLY</u></b>	
BUS NUMBER:	_____
STOP LOCATION:	_____
AM PICK UP TIME:	_____ PM OFF TIME: _____