



## 2019-2020 School Year Bus Stop Information

Annual Bus Stops may be changed. The change will require a minimum of 3 school days to process and will only become effective as of the date set forth in the written approval given by the Principal or his/her designee. Until such approval is received, parents/guardians shall arrange for transportation for their student (s). This entire form must be completed to be accepted and processed.

### Parent/Guardian's Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Current Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### A.M. Pick UP Address (Complete address of where child will be picked up from)

Parent/Guardian/Relative/Daycare Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### P.M. Drop Off Address (Complete address of where child will be dropped off at)

Parent/Guardian/Relative/Daycare Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PLEASE LIST BROTHERS & SISTERS OF THE STUDENT WHO WILL ALSO RIDE THE BUS:

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Current Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Current Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Current Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Current Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Current Grade: \_\_\_\_\_

### Parent/Guardian Signature

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**This section for school use only:**

DATE RECEIVED IN OFFICE: \_\_\_\_/\_\_\_\_/\_\_\_\_

REQUEST APPROVED: \_\_\_\_\_ REQUEST DENIED: \_\_\_\_\_

DATE LETTER SENT TO PARENT/GUARDIAN: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE FILED: \_\_\_\_/\_\_\_\_/\_\_\_\_