



ONE CHILD PER FORM

Today's Date: \_\_\_\_\_ Student Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Student Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical Home Address: \_\_\_\_\_

Complete Physical Address of Requested Bus Stop for <b>MORNING</b>	Date Stop to Begin:
_____	_____
_____	
Complete Physical Address of Requested Bus Stop for <b>AFTERNOON</b>	Date Stop to Begin:
_____	_____
_____	
Complete Physical Address of Requested Bus Stop for <b>ADDITIONAL</b>	Date Stop to Begin:
BUS STOP: ____ AM ____ PM	
_____	_____
_____	

Emergency Contact and Phone Numbers: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

USE THIS FORM TO REQUEST A CHANGE IN YOUR CHILD'S AFTERSCHOOL 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 THREE SCHOOL DAYS TO IMPLEMENT.**  
 CHILDREN IN PREK-4<sup>TH</sup> GRADE MUST HAVE SOMEONE VISIBLE IN ORDER TO BE RELEASED FROM THE  
 BUS.

TO BE FILLED OUT BY FIRST STUDENT OFFICE ONLY		
BUS # _____	STOP LOCATION _____	P/U TIME _____
BUS # _____	STOP LOCATION _____	D/O TIME _____