\*If your child has an IEP with Special Transportation, DO NOT complete this form. Please contact your child's teacher.



## Bus Transportation Request Form 2024/25 School Year

Parent/Guardian, please complete and submit this form by May 22, 2024, to indicate your student's transportation needs for the upcoming 2024/25 school year. General education students' address, home or alternate, must be within the school's district. *If your child has an IEP with Special Transportation*, DO NOT complete this form. Please contact your child's teacher.

| Student name:   |  |  |                |                   |                        |  |
|---|--|--|----------------|-------------------|------------------------|--|
| 2024/25 School:   |  |  | 2024/25 Grade: |                   |                        |  |
| Home Address:   | Street Name                            | Apt/   | Unit           | City              | Zip Code               |  |
| YES, my student nee   |  | ation for the 2024/25<br>MUST provide 2 proofs |                |                   |                        |  |
|   | AM Only                                | PM Only  |                | Both AM and PM    | l                      |  |
| Al  | M Pick-Up Addres                       | SS:  | Address        |                   |                        |  |
| PN  | 1 Drop Off Addre                       | SS:  |                |                   |                        |  |
| NO, my student does   | s <u>not</u> need bus tra              |  |                | school year.      |                        |  |
| Parents/guardians who fa<br>provide transportation fo<br>arrangements can be made                           | r their student to                     | and from school at th                          | e begin        | ning of school un |                        |  |
| Additionally, there is a five during the regular school Transportation Department have to provide transport | year. Parent/Gua<br>ent to receive and | rdian should expect a process the request.     | five (5)       | day turn-around   | time to allow the      |  |
| To request or change bus  |  |  | 24/202         | 5 school year, th | is form <u>must</u> be |  |
| By signing below I signify  | that I have read a                     | and understand the ins                         | structio       | ns on this form:  |                        |  |
| Parent/Guardian Signatu   | re:                                    |  |                | Date:             |                        |  |
| Phone #·  | Fmail:                                 |  |                |                   |                        |  |