

APPLICATION TO CHANGE DISTRICT PROVIDED SCHOOL BUS TRANSPORTATION
TO / FROM A PLACE OTHER THAN STUDENTS LEGAL RESIDENCE

STUDENT'S NAME _____

ADDRESS _____

PARENT'S NAME _____

HOME NUMBER _____ WORK NUMBER _____

SCHOOL _____ GRADE / TEACHER _____

PICK-UP POINT CHANGE REQUEST

NAME (PARENT / BABYSITTER) _____

ADDRESS _____

TELEPHONE NUMBER _____

DROP-OFF POINT CHANGE REQUEST

NAME (PARENT / BABYSITTER) _____

ADDRESS _____

TELEPHONE NUMBER _____

AS NEEDED MON. TUES. WED. THURS. FRI.

ONE TIME ONLY DATE REQUESTED _____

I authorize school bus transportation to be provided for the above named student to the pick-up / drop-off point listed above, or to the regular bus stop closest to that point. I understand that it is my responsibility as parent / guardian to notify the school secretary / principal at least two (2) school days in advance before any changes will be made. I further understand that a student will be picked up at only one location and / or dropped off at only one location during the course of a week of school.

DATE _____ SIGNATURE _____

-----DISTRICT USE ONLY-----

THIS REQUEST FOR CHANGES IN TRANSPORTATION HAS BEEN:

_____ APPROVED AS LISTED BELOW _____ DENIED

REASON DENIED:

DATE PARENT NOTIFIED / HOW / BY WHOM _____

ROUTE NO. _____ BUS PICK-UP POINT _____ TIME _____

ROUTE NO. _____ BUS DROP-OFF POINT _____ TIME _____

**2011-2012
Transportation Application**

**Instructions: Print or type information. Return completed application to school's building secretary.
Complete one application per student in household.**

TRANSPORTATION INFORMATION 2011-12

SCHOOL NAME: _____ GRADE _____

STUDENT'S NAME: _____

IS BUS TRANSPORTATION REQUIRED ANY TIME DURING THE 2011-12 SCHOOL YEAR? YES NO

IF YES, PLEASE COMPLETE THE REST OF THE APPLICATION. IF NO, IT IS NOT NECESSARY TO PROVIDE ADDITIONAL INFORMATION.

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

CITY: _____ MISSOURI ZIPCODE: _____

HOME TELEPHONE: _____ EMERGENCY NUMBER: _____

FATHER/GUARDIAN NAME: _____

FATHER/GUARDIAN WORK TELEPHONE #: _____

MOTHER/GUARDIAN NAME: _____

MOTHER/GUARDIAN WORK TELEPHONE #: _____

NAME OF COUNTY OR STATE ROAD: _____

NAME OF SUBDIVISION: _____

PLEASE INDICATE START DATE: _____ AM/PM BOTH AM ONLY PM ONLY

ACTIVITY:** GIFTED ORCHESTRA OTHER, PLEASE SPECIFY _____

First Student
400 M.E. Frick Drive
Washington, MO 63090
Phone: 636-239-1429
Fax: 636-239-7239