



BUS TRANSPORTATION REQUEST FORM

Transportation Start Date Needed: _____

For ONSS and Lamer's to plan bus routes, this form needs to be completed at least three (3) school days in advance. Parents are responsible to monitor and coordinate transportation for students needing multiple drop-off or pick-ups.

For kindergarten students: an adult/caregiver **must be visible** at drop-off or student will be returned to school.

MY CHILD/REN WILL REQUIRE BUS TRANSPORTATION: YES ☐ NO ☐

CHILD'S NAME	Grade	Office only: Student I.D.	
_____	_____	# _____	New Active
_____	_____	# _____	New Active
_____	_____	# _____	New Active
_____	_____	# _____	New Active

Is this a new address – did the household move? YES ☐ NO ☐

Is the below bus pick up and or drop off address the new home address? YES ☐ NO ☐

If no, what is the new home address: _____
Street address APT/Unit City and Zip Code

Is the new address for: ☐ Mother ☐ Father ☐ Mother and Father ☐ **OTHER** GUARDIAN: _____
relationship to student(s)

Guardian/Mother: _____ Cell # _____

Guardian/Father: _____ Cell # _____

BUS PICK-UP ADDRESS: _____
Street Address APT/Unit City Zip Code

Is this a daycare center? No ☐ Yes ☐, Name: _____

BUS DROP-OFF ADDRESS: _____
Street Address APT/Unit City Zip Code

Is this a daycare center? No ☐ Yes ☐, Name: _____

PRINT Parent / Guardian's Name

Date

For office use:

☐ Address Updated: _____ ☐ Bus Coordinator: _____ ☐ Lamer's: _____
(Infinite Campus) Date Date Date