



Transportation Request Form

Complete this form ONLY if your child will ride a bus.

School: _____ ***Out-of-district transportation is NOT provided***

- Check one: **New Student**
 Is student transferring from a school within the same school district? Yes ___ No ___
- Request Change in Bus Stop Location**

Check here if **Exceptional Children's Transportation** is needed? (Only available if documented in student's IEP)

This form must be signed by an administrator at your child's school. If more than one child is in the same school, only one form is necessary; however, if you have children in different schools a form for each school must be completed.

_____	_____
Student's Full Name	Grade
_____	_____
Student's Full Name	Grade
_____	_____
Student's Full Name	Grade

Note: Students are assigned **to one bus stop in the AM** and **one bus stop in the PM**; however, if a situation arises and your child needs to ride a different bus temporarily, please send a note to school with the request.

If students move during the school year, a new form must be completed before they can ride a different bus.

Transportation Information

_____ **Student's Home Address - must be a 911 Address, no PO Box**

AM: Car Rider _____ **Bus Rider** _____

Where will student board the bus (only one location): Home _____ Other: _____
If other than home, give name of business or address

PM: Car Rider _____ **Bus Rider** _____

Where will student be dropped off (only one location): Home _____ Other: _____
If other than home, give name of business or address

_____	_____	_____
Parent/Guardian Signature	Date	Phone Numbers

***** Return form to your child's school. *****

Office Use Only **TIMS Office: 837-2426 x.3070**

_____ **Bus Supervisor or Designee's Signature** **Bus # Assigned: _____**

Send form to: Copy to student to give to bus driver --- Original to TIMS Office - fax: 837-1315 or interoffice mail