



## Bus Stop Request Form

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

District/Parish: \_\_\_\_\_

Parents/Guardians: Please fill out all sections for your student. Please print neatly.

STUDENT INFORMATION	
<b>Student's Legal Name:</b> Last _____ First _____ Middle _____ Date of birth ____ / ____ / ____ Sex ____ (M/F) Student Grade: _____ Parent/Guardian Name _____ Home Phone _____ Cell Phone _____ Work Phone _____	
Complete Physical Address of Requested Bus Stop in the <b>MORNING</b>	
Physical Home Address _____ Apt. _____ Zip Code _____ Does the student reside at this address? _____ (Y/N) Date Stop to Begin: _____	
Complete Physical Address of Requested Bus Stop in the <b>AFTERNOON</b>	
Physical Home Address _____ Apt. _____ Zip Code _____ Does the student reside at this address? _____ (Y/N) Date Stop to Begin: _____	
Other information	
If your child receives Special Education Services, does your child's EIP indicate special transportation services should be provided? _____ Yes/No Emergency Contact: _____ Phone Numbers: _____ _____	

Parent/Guardian Signature: \_\_\_\_\_

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

**Use this form to request a change in your child's bus stop. Request must be signed by school administration before a bus route can be assigned. Please note any changes will take at least three school days to implement. Children must have someone visible in order to be released from the bus.**