

Swan Valley School District Transportation Department
Request for Student Transportation
2021-22

DATE: _____

Bus transportation for _____, grade (Fall 2021) _____
 (Print student's name)
(One form per child)

is requested for the 2021-22 school year. He/she will be riding the bus

_____ to school from home (designated stop) _____ **Daily**

_____ from school to home (designated stop) _____ **Daily**

_____ alternate address (listed below)

_____ **Bus transportation is NOT REQUESTED**

Parent Signature: _____

Student Name <i>(please print)</i>	
Parent/Guardian Name <i>(please print)</i>	
Home Address	
Daytime, Cell & Home Phone numbers	

ALTERNATE PICK-UP AND/OR DROP OFF SITE

_____ **Alternate is "Primary" stop**

The Swan Valley School District will provide transportation to and from a single designated bus stop for each student meeting distance eligibility requirements.

If any changes need to be made regarding transportation after the start of school, the changes MUST be in writing and the transportation department must have (48) hours to process.

Alternate Pick-Up	Alternate Drop Off
Bus Stop Address	Bus Stop Address
First and Last Name of above resident	First and Last Name of above resident
Daytime Phone	Daytime Phone
Day(s) of Week - Circle all that are appropriate Mon. Tues. Wed. Thurs. Fri.	Day(s) of Week - Circle all that are appropriate Mon. Tues. Wed. Thurs. Fri.

**Return to 8380 O'Hern Road, Saginaw MI 48609, fax to 989-921-3705
 or email sgresle@swanvalley.k12.mi.us**

DUE BEFORE JUNE 10 , 2021