

EAST FELICIANA PUBLIC SCHOOLS

Student Transportation Request Form

(Complete One per Student)

PLEASE COMPLETE THIS FORM TO COMMUNICATE YOUR CHILD'S BUS NEEDS FOR THE 2020/2021 SCHOOL YEAR.

Will you need bus transportation service for your child for the 2020-2021 school year?

YES ()

NO ()

****If you DO NOT need bus transportation service for your child, please sign on the signature line below and return to your child's school.**

Parent/Legal Guardian Signature

Date

****If you DO need bus transportation service for your child, please complete ALL requested information on this form and return to your child's school immediately.**

Student's Name: _____ Grade for 2020-2021: _____

Parent/Legal Guardian's Name(s) _____

Physical Address (No P.O Box) _____

City: _____ Zip: _____

Phone Number: (H) _____ (C) _____ (W) _____

If your child receives Special Education services, is special transportation services indicated on the Individualized Education Program (IEP)?

YES ()

NO ()

District/ School Administrator's Approval: _____ *Date:* _____

THANK YOU

07/2020