



Parchment School District Student Transportation Request

Directions:

Only one form is required per family unless you are requesting transportation for more than 4 children.
Your stop will be the closest legal bus stop.

School:	Grade:	Student ID:
Student Name:		Birthdate:
Street Address:		
My Child needs bus transportation (from home and/or daycare)	Home <input type="checkbox"/>	Daycare <input type="checkbox"/>
My Child needs bus transportation (to home and/or daycare)	Home <input type="checkbox"/>	Daycare <input type="checkbox"/>

List any siblings who will also need bus transportation			Home	Daycare
Name:	Grade:	School:	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Grade:	School:	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Grade:	School:	<input type="checkbox"/>	<input type="checkbox"/>

DAYCARE/ALTERNATIVE LOCATION INFORMATION

- Transportation is provided for resident students to and from a maximum of three locations: home and no more than 2 other sites within the boundaries of the attending school building.

Time Needed	Street Address	Contact Name	Contact Phone
<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both			
<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both			
<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both			

Parent/Guardian Printed Name Signature Date Phone Number

Parent Release (optional)

I give my permission for my Kindergartener(s) listed above to get on/off the bus with an older sibling present.

Parent/Guardian Signature Date

Office Use Only: The following information has been confirmed in the district's SIS

<input type="checkbox"/> Parent Names _____
<input type="checkbox"/> Parent Phone Numbers _____
<input type="checkbox"/> Emergency Contacts _____