

Summer School Transportation Request

The buses do run in the morning and at noon for those students eligible for transportation during the school year.

PRINT Student's Name: _____ **EFFECTIVE DATE:** _____

Address: _____ Phone: _____
(House Number) (Street Name) (City)

Grade: _____ School (Circle): MS/HS Elementary Gender: _____

PRINT Parents/Guardians Name: _____

Parents/Guardians Email Address: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

PICK UP ADDRESS: _____

*DAYS OF THE WEEK (*Check all that apply*): Monday Tuesday Wednesday Thursday

DROP OFF ADDRESS: _____

*DAYS OF THE WEEK (*Check all that apply*): Monday Tuesday Wednesday Thursday

Parent Signature: _____ Date: _____

For Office Use Only**** ID: _____