Student Transportation Request Form 2025-26

NOTE: Magnet & Special Needs Transportation do not use this form. See your Coordinator/Case Manager.

Return this completed form to school office. Incomplete forms will not be processed.

(Forms should be submitted if student is new or if address, school, or mode of transportation has changed)

School Name (Print):Student's Name (Print):									
Student's Street Address (Print):							Apt #		
Studer	nt's City (Print):				Zip:				
Altern	ate Transportation	Address (Print):						
	Arrival Method:				Departure Method:				
	Regular Bus		(44)		R	egular Bus		(44)	
	Car		(22)		C	ar		(22)	
	Day Care Bus		(99)		D	ay Care Bus		(99)	
	Walk / Bicycle		(33)		W	/alk / Bicycle		(33)	
	***Buses are subject t/Guardian Name (P	rint):		v					
	t/Guardian Contact Phone			(Number to	receive aut	omated messages	emergenev	/attendance info)	
							emergency	auchuance iiio)	
	Phone				Dad □	Guardian 🗆			
3.	Phone			Mom □	Dad □	Guardian 🗆			
	To be completed by School Officials								
	Student ID# Enter & Verify in PowerSchool:AddressContact InformationArrival/Departure Code								
	***Initial once information is entered & verified in Power School:								
	***School: After entry in Powerschool, email to appropriate Bus Center ONLY IF REGULAR BUS IS REQUESTED								
	AM Stop Location:				Rt:		Time:		
	PM Stop Location:				Rt	:	Time:		