

Transportation Office Use Only:

Date Received: _____ Stop Id: _____ Bus #: _____ Time: AM _____ PM _____ UR: _____ BD: _____ RS Date: _____

Caswell County Schools

Bus Transportation Request

(PLEASE COMPLETE & RETURN FORM TO YOUR DESIGNATED SCHOOL)

Please Print

PRE-K AND KINDERGARTEN TRANSPORTATION REQUEST

Please complete the following information whether or not your child will ride a bus. We require to physically locate a child's residence (home) address for verification of attendance eligibility. Thank you for your cooperation.

Student Information:

Child's Legal Name: _____ Grade: _____

School: _____

Street Address: _____ City: _____ Zip: _____

Date of Birth: _____ My child needs: ___ AM Stop ___ PM Stop ___ Both (Same as home address)

Will student be a bus rider or car rider? ___ Bus ___ Car

Is there an older brother or sister that is already riding a bus? ___ YES ___ NO If Yes, Bus Number _____

If your child will be boarding the bus at a location other than home, (daycare, babysitters etc.), please indicate the 911 address of this location below:

AM Bus Stop Location: _____
Street Address City Zip

PM Bus Stop Location: _____
Street Address City Zip

***Parents/guardians will need to provide or arrange for transportation for their child/children to and from school until bus transportation arrangements can be determined. There is a three (3) day minimum turnaround period for Bus Transportation Requests to be received and processed.**

The school will notify the parent/guardian when the request has been processed.

By signing below I signify that I have read and understand the information on this form:

Parent/Guardian: _____ Phone Number: _____
(Printed Name)

Parent/Guardian: _____ Date: _____
(Signature)

****Information for Schools:****

New Student/Change of address: Student information **MUST** be entered into Power School **PRIOR** to sending this form to Transportation for processing.