

Sample Only!

BROOKVILLE LOCAL SCHOOLS  
REQUEST FOR BUS TRANSPORTATION

Please complete form using a ballpoint pen and return to Principal's Office

Special Note: This form may be modified ONLY in the office of the Principal.

Student Name John Doe School Year 2010-2011  
School Attended (circle one) High School Intermediate School Westbrook  
Home Address 1234 Maple St Any Town Ohio 40000  
Home Telephone 123-4567 Grade 11 Teacher Mr. Smith

A completed Emergency Medical Authorization form is on file in the Principal's Office  Yes  No

Child Walks (If this is circled, you need not complete the remainder of this document.)

**PLEASE NOTE:** You may have one address for the A.M. route and a different address for the P.M. route, but only one address will be accepted for each.

**A.M. TRANSPORTATION** (Must be every day and on established route.)

I am requesting that the above named child be picked up at the school bus stop closest to:

Address 1234 Maple Bus # \_\_\_\_\_  
Name of resident if different from parent/guardian \_\_\_\_\_  
Telephone number if different from parent/guardian \_\_\_\_\_

**P.M. TRANSPORTATION** (Must be every day and on established route.)

I request that return transportation be provided to the closest school bus stop to:

Address 5678 Walnut St. Bus # \_\_\_\_\_  
Name of resident if different from parent/guardian \_\_\_\_\_  
Telephone number if different from parent/guardian \_\_\_\_\_

Since consistency is a proven safety factor, this system is developed to maintain greater accountability for bus students. The locations indicated on this form cannot be modified except in the office of the Building Principal.

Date of Request 8-4-2010 Parent or Guardian Signature John Doe

Date Modification Becomes Effective

Transportation Office - white copy; Bus Driver - yellow copy; Principal - pink copy