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):									
Apartı	ment/Subdivision Na	ame (Prin	t):					1-1	
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	Valk / Bicycle		(33)	
Parent	***Buses are subject to arrive 10 minutes before Parent/Guardian Name (Print):				e or after the scheduled time. (Signature):				
	t/Guardian Contact								
1.	Phone (Number to receive automated messages/emergency/attendar						/attendance info)		
2.	Phone			Mom 🗆	Dad □	Guardian 🗆			
3.	Phone			Mom 🗆	Dad 🗆	Guardian 🗆			
	Student ID# Enter & Verify in PowerSchool:AddressContact InformationArrive***Initial once information is entered & verified in Power School: ***School: After entry in Powerschool, email to appropriate Bus Center ONLY IF REGULAR BUS IS RE								
	AM Stop Location:				Rt:		<u>Time:</u>		
	PM Stop Location:				Rt	•	Time:		