

WBRPSS and Holy Family 2011-12 Bus Service Request Form
Please NEATLY PRINT or Type ALL information.

Student's Name: _____ Student ID: _____ School: _____ Grade: _____

I, (parent/guardian's name) _____, DO () DO NOT () want bus services for my child for the 2011-12 school year.

Parent/ Guardian's Signature

Date

Physical Home Address (No P.O. Box), Town/City, Zip Code:

ENTIRE PHYSICAL ADDRESS WHERE CHILD WILL BE PICKED UP IN THE MORNING (NO P.O. BOXES):

ENTIRE PHYSICAL ADDRESS WHERE CHILD WILL BE DROPPED OFF IN THE EVENING (NO P.O. BOXES):

Home Phone Number: _____

Mother's Name: _____ Cell: _____ Work: _____

Father's Name: _____ Cell: _____ Work: _____

Emergency Contact 1: Name: _____ Number: _____

Emergency Contact 2: Name: _____ Number: _____

If your child receives Special Education services, does your child's I.E.P. indicate special transportation service to be provided? _____ YES _____ NO

FIRST STUDENT USE ONLY

Bus Number & Time:

OR

AM Bus # _____

and/or

PM Bus # _____