

OFFICE USE ONLY: RETURNING STUDENT NEW ENROLLEE CHANGE OF ADDRESS REQUESTED

Complete One Per Student
2011 – 2012 School Year
Zachary Community Schools Bus Service Request Form
Please NEATLY PRINT or Type All Information

Student's Name: _____.

I, (parent/guardian's name) _____, DO () DO NOT () want bus service for my child for the **2010-11** school year. If you **DO NOT** want bus service for your child, please enter your name and your child's name on the lines above, sign on the signature line below*, and return this form to your child's school. If you **DO WANT** bus service for your child, please enter **ALL** requested information on this form and return to your child's school **immediately**. If a child does not need transportation in the morning or evening because of car pooling or other arrangements, please indicate so by writing "no ride" in the morning or evening box.

Parent/Guardian Signature* Sign Here

Today's Date

Student's School for **2011 - 12**: _____ Student's Grade for 2011/12: _____

Parent/Guardian's Name: _____

Physical Home Address (No P.O. Boxes): _____

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: _____

Work Phone Number of Mother: _____ Cell #: _____

Work Phone Number of Father: _____ Cell#: _____

Other Emergency Names and Phone Numbers: _____

If your child receives **Special Education services**, does your child's I.E.P. indicate special **transportation services** be provided? Yes NO

Thanks in Advance for Your Assistance