

# ZACHARY COMMUNITY SCHOOLS BUS SERVICE REQUEST

*Complete One Per Student*  
**2023 – 2024 School Year**

Student's Name: \_\_\_\_\_.

I, (parent/guardian's name) \_\_\_\_\_, DO ( ) \*\* DO NOT( ) want bus service for my child for the **2023-24** 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 2023 - 2024: \_\_\_\_\_ Student's Grade for 2023-2024: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Physical Home Address (No P.O. Boxes): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**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):**



If No Ride in AM or PM please place "No Ride" on appropriate Line. No response means student will be dropped at same location as picked up.

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

Does your child require a 5-point harness while riding the bus?  Yes  No

Thanks in Advance for your assistance. Please Allow 2-3 Business Days

Principals Approval \_\_\_\_\_ Date \_\_\_\_\_

Upon completion of this form please submit it to your child's school in hand or by email.

**TO BE FILLED OUT BY FIRST STUDENT OFFICE ONLY**

Bus # _____	Stop Location _____	P/U Time _____	
Bus # _____	Stop Location _____	D/O Time _____	