



# School Bus Transportation Form



Please read the following information, complete all applicable fields, and submit directly to your school registrar to ensure transportation on the first day of school. The registrar will send your request form to the Education Transportation Department. **\*NOTE: Only Kindergarten & Early Childhood Education Center students are eligible for door-to-door pick-up\***

Student Name: \_\_\_\_\_

School Attending: \_\_\_\_\_

### INDICATE IF STUDENT WILL OR WILL NOT REQUIRE BUS SERVICES: (CHECK BOX)

**WILL NOT** require bus service (sign & date below)

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**WILL** require bus service (check one)

AM ONLY       PM ONLY       BOTH AM & PM

**PLEASE PLACE AN "X" NEXT TO RESIDENCE ON MAP PROVIDED ON PAGE 2 AND PROVIDE PLACE OF RESIDENCE BELOW. (REQUIRED)**

Home Address: \_\_\_\_\_

(Cross Roads, Street): \_\_\_\_\_

**INDICATE AN ALTERNATE PICK-UP AND DROP OFF IF NEEDED. (OPTIONAL)**

Alternate Address: \_\_\_\_\_

(Cross Roads, Street): \_\_\_\_\_

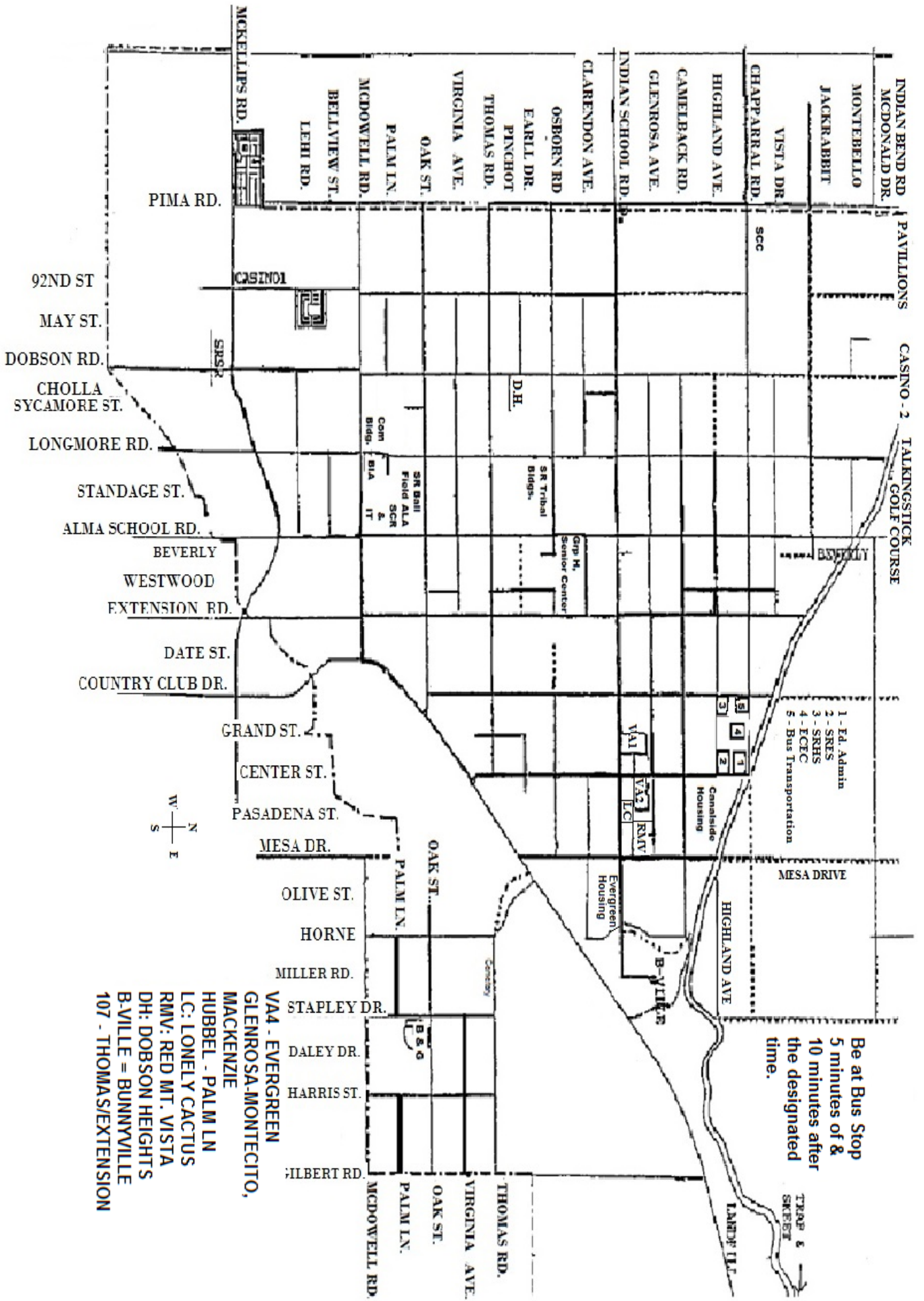
Signature below indicates the home address listed above is the true residence of the student named above. I understand that I/we are obligated to file a new application if we change any of the above addresses. I understand the rules for safe bus riding and accept the responsibility to ensure my child(ren) understand and abide by the Parent & Student Transportation Agreement.

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* Processing may take up to five (5) school days. Transportation Services will notify you of your start date of services. \*\*\***

For questions, please call: School Bus Coordinator at 480-362-2127 or  
Transportation Manager/Facilities Liaison at 480-362-2514



Be at Bus Stop  
5 minutes of &  
10 minutes after  
the designated  
time.

- 1 - Ed. Admin
- 2 - SRES
- 3 - SRHS
- 4 - FCFC
- 5 - Bus Transportation

