

Shelby City Schools

Student Transportation Request

Today's Date: _____ Busing request: Am _____ Pm _____

Demographic Information:

Students Name: _____ D.O.B. _____ Male or Female _____

Home Address: _____

Grade: _____ Attending School: _____

Parent/Guardian Name: _____

Phone:

Mom/Female

Home: _____

Work: _____

Cell: _____

Dad/Male

Home: _____

Work: _____

Cell: _____

Information child's driver should be advised of, such as medical condition, severe allergies: _____

Pick up address: _____

List your home address again or you may choose a different address for your child to be picked up and or dropped off.

******* Some stops in town are considered group stops. We will determine which stop is closest to your child's pick-up or drop off address.**

Pick up Contact info:

Name: _____

Home Phone: _____

Cell: _____

Relationship: _____

Drop off address: _____

List your home address again or you may choose a different address for your child to be picked up and or dropped off.

******* Some stops in town are considered group stops. We will determine which stop is closest to your child's pick-up or drop off address.**

Drop off Contact info:

Name: _____

Home Phone: _____

Cell: _____

Relationship: _____