

Transportation Request

Complete this form only if you are requesting transportation for the coming school year.

Family Name _____

Address: _____ Phone _____

City State Zip

Residing in _____ Public School District

Attending _____ School

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

This is to certify that I hereby appoint the principal of the above-mentioned school to act as my authorized representative to request transportation to and from school for the students mentioned above.

This authorization shall remain in effect while I have my child(ren) in attendance at the school or until I expressly revoke it in writing.

Signature of Parent or Guardian

Date

Note: The school must present this request to the public school district by April 1. It is imperative that this signed form be returned to the school no later than March 20.