

Student Last Name _____

Student First Name _____

CRESTLINE EXEMPTED VILLAGE SCHOOLS STUDENT TRANSPORTATION REQUEST

Today's Date _____ Bussing Request AM _____ PM _____

Demographic information
Student's Name _____ D.O.B _____ Male or Female _____

Grade Level _____ School Attending _____

Home Address _____
Please list your home address. You may use a different pick-up and drop-off address below.

Parent/Guardian Name: _____

For Mom/Female

For Dad/Male

Home: _____

Home: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

* Information child's driver should be advised of (such as a serious allergy or other medical condition):

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

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

Drop-off Contact Info:
Name _____
Home Phone _____ Cell _____
Relationship _____

****I have read and understand all the rules and policies of the handbook.****

Signature _____