

West Baton Rouge Parish and Holy Family Bus Service Request Form for the 2016-2017 School Year

Child's Name: _____

Check if applicable:

☐ New Student

☐ Existing Student with Bus Change

I, (parent/guardian's name) _____, **DO () DO NOT ()** want bus service for my child for the **2016-2017 school year**.

- If you **DO NOT** want bus service for your child, please enter your name and your child's name on the appropriate lines above, sign on the signature line* below, and return this form to your child's school. Please return this form to your child's school no later than **Friday, April 29, 2016**.
- If you **DO WANT** bus service for your child, please enter ALL requested information on this form and return to your child's school by **Friday, April 29, 2016**.
- If your child does not need transportation in either the morning or evening because of carpooling or other arrangements, please indicate by writing **NO RIDE** in the morning or the evening information box below. Please return this form to your child's school no later than **Friday, April 29, 2016**.

Parent/Guardian Signature*

Date

Child's School for the 2016-2017 School Year: _____

Child's Grade for the 2016-2017 School Year: _____

Parent/Guardian's Name: _____

Physical Home Address (NO P.O. Boxes): _____

Mailing Address (if different from the Physical Address): _____

Town/City, Zip Code: _____

If you live on a private street, please check here.

[] Yes

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 AFTERNOON (No P.O. Boxes):

Home Phone Number: _____

Work Phone Number for Mother: _____

Cell Number: _____

Work Phone Number for Father: _____

Cell Number: _____

Other Emergency Name(s) and Phone Number(s): _____

If your child receives special education services, does your **child's IEP** indicate that **special transportation services** should be provided? [] Yes [] No