

TRANSPORTATION REQUEST 2018-2019

Edwardsburg Public Schools Transportation

69410 Section St. Edwardsburg, MI 49112

Phone (269) 663-2900 or (269) 663-1041 Fax (269) 663-1090 Email to: transpo@goeddie.com

Student Last Name:	Student First Name:	Grade:
Student Home Address:		Phone:

Requested Start Date:

Must check one box below	AM/Pick Up
<input type="checkbox"/> Home	Location:
<input type="checkbox"/> Childcare	Address:
<input type="checkbox"/> Relative _____	City, Zip
<input type="checkbox"/> Community Stop	Phone:
<input type="checkbox"/> No Transportation Services Required	Comments:
	SCHEDULE MUST REMAIN THE SAME EACH WEEK

↑↑ COMPLETE BOTH AM and PM ↓↓

Must check one box below	PM/Drop Off
<input type="checkbox"/> Home	Location:
<input type="checkbox"/> Childcare	Address:
<input type="checkbox"/> Relative _____	City, Zip
<input type="checkbox"/> Community Stop	Phone:
<input type="checkbox"/> No Transportation Services Required	Comments:
	SCHEDULE MUST REMAIN THE SAME EACH WEEK

IN THE EVENT OF AN EMERGENCY CLOSING

Due to the large number of students in the district, if an emergency arises we are unable to personally contact parents for transportation arrangements. Please indicate below where you wish for us to send your child if such an event occurs.

Send my child: _____ As Usual _____ To Parent Pick Up Area _____ To The Following Existing Stop:

<input type="checkbox"/> Home	Location:
<input type="checkbox"/> Childcare	Address:
<input type="checkbox"/> Relative _____	City, Zip
<input type="checkbox"/> Community Stop	Phone:

Emergency Contacts:

Relationship:

Phone:

By my signature below, I make application for transportation services as outlined above and in the accompanying guidelines. I attest that the home address listed above is the true residence of the student(s) named above. I understand that acceptance of this application by the EPS Transportation Department does not guarantee any service outside the guidelines stated in the "EPS Transportation Student Manual." I understand that if request is granted my student(s) will be picked up/dropped off at the closest designated stop to the requested address and that I/we are obligated to file a new application if we change any of the above information. All changes require a 72 hour notification. For safety of students we recommend pick up/drop off locations are 5 days per week.

Parent/Guardian Signature: _____ Date: _____

REMINDER

- A new Transportation Request must be submitted each school year.
- Students are to ride their assigned buses only.
- Changes not allowed without prior approval from the Transportation Department.
- Permanent changes require a new Transportation Request with 72 hour notification.
- Only one form per student