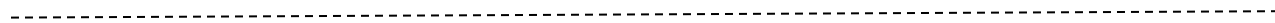


Benjamin School District 25
Evergreen Elementary School
Transportation Request

Please complete one per student.



Student I.D.#: _____ Grade: _____ School Year: _____

Student Name: _____
(Please print) (Last) (First) (M.I.)

Parent/Guardian Mom's Name: _____
(Please print) (Last) (First) (M.I.)

Parent/Guardian Dad's Name: _____
(Please print) (Last) (First) (M.I.)

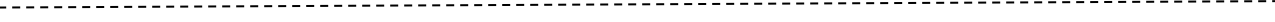
Student's Street Address: _____
(Please print)

City: _____ State: _____ Zip: _____

Phone: _____
(Home) (Work)

Emergency Contact #1: _____ Phone: _____
(Please print)

Emergency Contact #2: _____ Phone: _____
(Please print)



Attached is a listing of streets in Benjamin School District along with a notation as to whether transportation to these streets is Free (F), Paid (P), or Hazardous (H).

BUS FEES MAY NOT BE PRORATED

Please check the appropriate response:

- _____ My child **will not** require busing transportation.
- _____ My child will require busing transportation **both to and from** school.
- _____ My child will require busing transportation **to** school only.
- _____ My child will require busing transportation home **from** school only.

Payment:

- _____ My child qualifies for free busing transportation (over 1.5 miles).
- _____ I will pay the busing transportation fee (under 1.5 miles) of \$503 on a space-available basis.
- _____ I will pay the one-way busing transportation fee (under 1.5 miles) of \$251 on a space-available basis.

Att.