

TRANSPORTATION REQUEST CARD FOR 2018-2019

PUPIL # _____ STUDENTS NAME _____
LAST FIRST MI

BLDG _____ HOME ADDRESS _____
STREET CITY ZIP

PARENT/GUARDIAN NAME _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

NAME OF SCHOOL ATTENDING IN 2018-2019 _____

STUDENTS DOB _____ SEX _____ GRADE _____

TRANSPORTATION REQUESTED: TO _____ FROM _____ BOTH _____

AM BUS # _____ AM BUS STOP _____

PM BUS # _____ PM BUS STOP _____

Durham School Services...Babysitter Form

The School District's guidelines for transportation (to and/or from) a residence other than the student's home are as follows:

1. A TRANSPORTATION REQUEST MUST ACCOMPANY THIS REQUEST FORM
 2. There must be room on the existing bus route.
 3. No additional bus stops will be made to accommodate this request.
 4. The alternate/babysitter's address must be located in the same attendance zone as the student's home AND be in a bused area.
 5. The established paid conditional rate will be charged if the student's home residence is not eligible for free transportation, even if the alternate address is eligible.
 6. The transportation will be provided on a regular, daily basis.
 7. No arrangements will be made until this form has been completed and returned to the Transportation Department.
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NOTE: THIS SECTION IS TO BE FILLED OUT BY THE PARENT.

I am requesting transportation TO AND/OR FROM a residence other than
my own for my child, _____(Name)

at St. Paul the Apostle School for the following reason: _____

NOTE: THIS SECTION IS TO BE FILLED OUT BY THE ADULT WHO IS
ACCEPTING RESPONSIBILITY FOR THE STUDENT.

I, _____ (Name), at

(Address) _____ accept

responsibility for _____(Student)

BEFORE AND/OR AFTER the bus route.

(Signature of authorized adult)

Phone# _____ Date _____