

# Request for School Bus

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Does your child have an IEP? \_\_\_\_\_yes \_\_\_\_\_no

**Your child should use the same stop in the AM and PM.**

Street names: \_\_\_\_\_ Stop Number: \_\_\_\_\_

Morning Route Number: \_\_\_\_\_

What days will your child take the bus in the morning? (please circle)

Everyday      Monday      Tuesday      Wednesday      Thursday      Friday

Afternoon Route Number: \_\_\_\_\_

What days will your child take the bus in the afternoon? (please circle)

Everyday      Monday      Tuesday      Wednesday      Thursday      Friday

I would like my child to START taking the bus on:

(date): \_\_\_\_\_

**ON THE FIRST DAY YOUR CHILD STARTS TAKING THE BUS HOME PLEASE SEND A REMINDER IN YOUR CHILD'S FOLDER**

Parent's name and phone number: \_\_\_\_\_

Name and phone number of the person that is waiting at the bus stop for your child: \_\_\_\_\_

Parent's Email: \_\_\_\_\_