

BUS ROUTE INFORMATION

Parent Last Name	Parent First Name	Telephone
Street Address	City	

Student _____ **School** _____

Grade: _____ Gender: M F Student # _____

Will student require bus transportation? Yes No

(For Office Use Only) Stop Location _____

(For Office Use Only) Pick-up time _____

Student _____ **School** _____

Grade: _____ Gender: M F Student # _____

Will student require bus transportation? Yes No

(For Office Use Only) Stop Location _____

(For Office Use Only) Pick-up time _____

Student _____ **School** _____

Grade: _____ Gender: M F Student # _____

Will student require bus transportation? Yes No

(For Office Use Only) Stop Location _____

(For Office Use Only) Pick-up time _____

If Transportation is required please call (248) 341-6290 for stop location and pick-up time.

I understand that by checking "No" transportation will not be provided for my child(ren) unless I contact the transportation office to request a change.

Parent or Guardian Signature (Student signature if 18 or over)	Date
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