

OFFICE USE ONLY: RETURNING STUDENT NEW ENROLLEE CHANGE OF ADDRESS REQUESTED

WBRPSS and Holy Family Bus Service Request Form

Please Print or Type All Information

Student's Name: _____.

I, (parent/guardian's name) _____, DO () DO NOT () want bus service for my child for the 2007-08 school year. If you do not want bus service for your child, please enter your name and your child's name on the lines above, sign on the signature line below, and return this form to your child's school. If you do desire bus service for your child, please enter ALL requested information on this form and return to your child's school by Friday, April 27, 2007.

Parent/Guardian Signature

Date

Student's School for 2007-08: _____ Student's Grade for 2007-08: _____

Parent/Guardian's Name: _____

Physical Home Address (No P.O. Boxes): _____

Mailing Address (if different from Physical Address): _____

Town/City, Zip Code: _____

ENTIRE PHYSICAL ADDRESS WHERE CHILD WILL BE PICKED UP IN THE MORNING (NO P.O. BOXES):



ENTIRE PHYSICAL ADDRESS WHERE CHILD WILL BE DROPPED OFF IN THE EVENING (NO P.O. BOXES):



Home Phone Number: _____

Work Phone Number of Mother: _____ Cell #: _____

Work Phone Number of Father: _____ Cell#: _____

Other Emergency Names and Phone Numbers: _____

If your child receives Special Education services, does your child's I.E.P. indicate special transportation?

(Yes/No) _____