



Rural Bus Transportation Request

Please return form to your school for further processing.

School Attending: _____

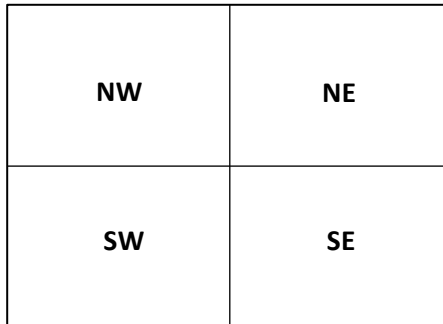
Busing Start Date: _____ 20____ **Primary Phone #** _____

Student(s)		
Name: _____	Grade _____	Gender _____
Name: _____	Grade _____	Gender _____
Name: _____	Grade _____	Gender _____
Name: _____	Grade _____	Gender _____
Name: _____	Grade _____	Gender _____

Legal Land Description Address _____ - _____ - _____ - W of _____ <small>(NE,NW,SE,SW)(Section #) (Township) (Range) (Meridian)</small>
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Please draw your driveway and home location on the diagram in the appropriate quarter showing where the school bus will access your property. Please label applicable street, road, highway or other landmarks.

NOTE: Yard service is not provided for driveways under 200m in length.



Street Address: (include street address, town and/or subdivision) _____

Parent/Guardian Name

Primary Phone #

Secondary Phone #

1. _____

2. _____

Emergency Contact Name

1. _____

Does your child utilize a wheelchair or other mobility aid preventing the use of steps? YES or NO (circle)
If yes, please describe: _____

Please allow up to seven (7) business days to process and possibly longer in September and October. Delays will occur if information is not legible and/or incomplete.

Parent/ Legal Guardian Signature

Date

OFFICE USE

RECEIVE _____

ENTER _____

EMAIL _____