

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

## **ZACHARY COMMUNITY SCHOOLS**

**Complete One Per Student**

**2018 – 2019 School Year**

**Zachary Community School Bus Service Request Form**

**Please NEATLY PRINT or Type All Information**

Student's Name: \_\_\_\_\_.

I, (parent/guardian's name) \_\_\_\_\_, DO ( ) \*\* DO NOT( ) want bus service for my child for the 2018-19 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 WANT bus service for your child, please enter ALL requested information on this form and return to your child's school immediately. If a child does not need transportation in the morning or evening because of car pooling or other arrangements, please indicate so by writing "no ride" in the morning or evening box.

\_\_\_\_\_  
Parent/Guardian Signature\* Sign Here

\_\_\_\_\_  
Today's Date

Student's School for 2018 - 19: \_\_\_\_\_ Student's Grade for 2018-19: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Physical Home Address (No P.O. Boxes): \_\_\_\_\_

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):**



If No Ride in AM or PM please place "No Ride" on appropriate Line. No response means student will be dropped at same location as picked up.

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 services be provided? \_\_\_\_\_ Yes \_\_\_\_\_ NO

Thanks in Advance for Your Assistance Please Allow 2-3 Business Days