

ZACHARY COMMUNITY SCHOOLS BUS SERVICE REQUEST

Complete One Per Student
2020 – 2021 School Year

Student's Name: _____.

I, (parent/guardian's name) _____, DO () ** DO NOT() want bus service for my child for the 2020-21 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 2020 - 2021: _____ Student's Grade for 2020-2021: _____

Parent/Guardian's Name: _____

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

City: _____ Zip: _____

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

Does your child require a 5-point harness while riding the bus? Yes No

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

Principals Approval _____ Date _____

Upon completion of this form please submit it to your child's school in hand or by email.