

School Transportation for _____ (School Year)

Student's Full Name: _____

School attending: _____

_____ YES, my child needs bus transportation.

Home Address * :

_____ AM _____ PM _____

Alternate Address[†] for bus stop (other than home):

_____ AM _____ PM _____

_____ NO, my child does not need bus transportation.

_____ Parent/Guardian's Signature

_____ Phone Number

_____ Date

* Address is not necessarily where the bus stop will be.

[†] Must be ample seating space available on the bus.

[†] Must be located along an existing established school bus run.

Office Use Only – enter information in NCWISE – File in Main Office