

REGULAR Bus Stop Request Form

SCHOOL INFORMATION

School/Location:	Bus #:	Bus Driver:
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CHILDREN AFFECTED

Child #1	NC WISE #	First Name	Middle Name	Last Name	Grade

Child #2	NC WISE #	First Name	Middle Name	Last Name	Grade

Child #3	NC WISE #	First Name	Middle Name	Last Name	Grade

Child #4	NC WISE #	First Name	Middle Name	Last Name	Grade

Child #5	NC WISE #	First Name	Middle Name	Last Name	Grade

Child #6	NC WISE #	First Name	Middle Name	Last Name	Grade

CHILDREN - RESIDENCE ADDRESS (911 Address)

House Number	Street Name	City	Zip

Transportation TO SCHOOL is requested from

Circle one: Home, Daycare, Grandparents, Other Please specify Other	Name of Daycare, Grandparents, etc.	House #	Street Name	City	Zip

Transportation FROM SCHOOL is requested to

Circle one: Home, Daycare, Grandparents, Other Please specify Other	Name of Daycare, Grandparents, etc.	House #	Street Name	City	Zip

CONTACT INFORMATION

Parent/Guardian Name:	<p>Emergency or Early Dismissal We are asking for your full cooperation in ensuring the safety of your children when an emergency or early dismissal is necessary. [After school activities will not operate on early dismissal days.] In the event of an early dismissal, my child will be a car rider: <input type="checkbox"/> No <input type="checkbox"/> Yes I also give permission for the following individuals to pick up my child: 1. Name: _____ Phone: _____ Cell: _____ 2. Name: _____ Phone: _____ Cell: _____ In the event of an early dismissal, my child will be a bus rider: <input type="checkbox"/> No <input type="checkbox"/> Yes My child will go to his/her regular afternoon drop off: <input type="checkbox"/> No <input type="checkbox"/> Yes If "No," give the address where your child will be getting off the bus:</p>
Home Phone:	
Work Phone:	
Cell Phone:	
Emergency Contact Name:	
Emergency Phone:	
Additional Notes:	