

SCHOOL YEAR _____

**CENTRAL COMMUNITY SCHOOL SYSTEM
Bus Stop Request Form**

New Student and Currently Reside in CCSS District

Status Change
 ___ Re-register ___ Change of Address
 Other _____

REQUEST MUST BE SIGNED BY STUDENT SERVICES OR SCHOOL ADMINISTRATION BEFORE A BUS NUMBER IS ASSIGNED.
 PLEASE NOTE: A MAXIMUM OF **THREE** DAYS COULD BE REQUIRED TO EFFECTIVELY INSTITUTE THE REQUESTED CHANGE.
 CHILDREN IN PRE-K-5TH GRADE MUST HAVE SOMEONE VISIBLE IN ORDER TO BE RELEASED FROM THE BUS.

Student Name: _____ **Date:** _____

Parent/Guardian's Name: (please print) _____ **DO ()**
DO NOT () **WANT BUS SERVICE FOR MY CHILD.**

Parent/Guardian's Signature: _____

If requesting bus service, please complete the following information for your child.

Student Grade: _____ **School Attending:** _____

Primary Phone # of Parent/Guardian: _____ **Secondary Phone # of Parent/Guardian:** _____

Student's Current Address: _____

Street Name/Number	City	Zip
Complete Physical Address of Requested Bus Stop in the MORNING		Date Stop to Begin:
_____	_____	_____
_____	_____	_____

Complete Physical Address of Requested Bus Stop in the AFTERNOON		Date Stop to Begin:
_____	_____	_____
_____	_____	_____

Complete Physical Address of Requested Bus Stop for ADDITIONAL Bus Stop: ___ AM ___ PM		Date Stop to Begin:
_____	_____	_____
_____	_____	_____

If your child receives Special Education Services, does your child's I.E.P. indicate special transportation services be provided? Yes No

Emergency Contact and Phone Numbers: _____

School Administrator Signature: _____

TO BE FILLED OUT BY FIRST STUDENT OFFICE ONLY			
Bus #	_____	Stop Location	_____ P/U Time _____
Bus #	_____	Stop Location	_____ D/O Time _____