

**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

*****STUDENT MAY ONLY BE ASSIGNED TO 2 BUSES*****

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** Date Stop to Begin: _____
Bus Stop: ____ AM ____ PM

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 _____