

**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 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	_____