FIRSTstudent

Phone: 225-262-7699

SCHOOL YEAR
2026-2027

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** _____