Davidson County Schools
2016-2017
Transportation Request

Dear Parent or Guardian:

Please complete this form if you are requesting School Bus Transportation for your child.

Student's Name: _____
(Last) (First) (M.I.)

Student #_____
(To be supplied by the school)

Current Grade: _____ **School Attending 2016-2017:** _____

Home Address: _____ _____
(Number) (Street Name) (City) (Zip)

☐ **YES, my child needs bus transportation for the 2016-2017 school year.**

☐ **AM** ☐ **PM** ☐ **Both (Same as "Home" address)**

AM Bus Stop Location: _____
If different from "Home" address

PM Bus Stop Location: _____
If different from "Home" address

☐ **NO, my child does not need bus transportation the 2016-2017 school year.**

The <u>final day</u> to request or change bus transportation for the 2016-2017 school year is August 5th 2016.

If parents/guardians request bus transportation after the August 5th 2016 deadline, they will have to provide transportation for their children to and from school until bus transportation arrangements can be determined — **<u>this might not occur until 10 days after school has started.</u>**

<u>Additionally</u>, there is a three (3) day minimum turn-around period for Bus Transportation Requests made during the regular school year.

Parents/guardians requesting bus transportation should expect a three (3) day minimum turn-around to allow the Transportation Department to receive and process the request.

Parents/guardians will have to provide transportation for their children to and from school until bus transportation arrangements can be determined.

By signing below I signify that I have read and understand the instructions on this form:

Parent/Guardian's Signature _____

Phone Number _____ **Date**_____