



# The New Standard Academy

2040 West Carpenter Road || Flint, MI 48505 || (810) 787-3330

## SCHOOL BUS TRANSPORTATION REQUEST

STUDENT FULL NAME \_\_\_\_\_ DOB   /  /   GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_ ALTERNATE PHONE NO. \_\_\_\_\_

NAME OF EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY CONTACT PHONE NO. \_\_\_\_\_

HEALTH CONCERNS AND/OR DAILY MEDICATIONS: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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*For transportation to a location other than the student's home address, please complete this section.*

**Please Note:** These requests are not guaranteed, but will be based on current bus stops, routes and the number of students assigned to the bus you are requesting. The request will be granted if possible.

Pickup Address: \_\_\_\_\_

Contact name and number: \_\_\_\_\_

Drop off address (if different from above): \_\_\_\_\_

Contact name and number (if different from above): \_\_\_\_\_

\*\*\*\*\***This section to be completed by Transportation Department**\*\*\*\*\*

This information will be forwarded to your student's school and the school will make you aware of the details of your student's transportation.

AM BUS# (TO SCHOOL) \_\_\_\_\_ PM BUS # (TO HOME) \_\_\_\_\_ LOCATION OF BUS STOP \_\_\_\_\_

PICK-UP TIME \_\_\_\_\_ DROP-OFF TIME \_\_\_\_\_