

Rutherford County Schools Transportation Request Form

REG ED
SN
PM Program

SCHOOL NAME _____ GRADE _____ DATE _____

*****Please complete this form ONLY if your child desires to ride the bus*****

You can get a copy of this form from your school office if your child desires to ride the bus in the future!

We are required to physically locate a child's residence (home) address for verification of attendance and ridership eligibility. Thank you for your cooperation.

SIS Student ID#

STUDENTS NAME (LEGAL NAME, NOT NICKNAME)

Telephone Number:

(LAST)

(FIRST)

(MIDDLE)

WRITE BELOW STUDENTS PHYSICAL HOME ADDRESS, NOT A POST OFFICE BOX, APARTMENT OR LOT NUMBER

911 HOUSE NUMBER

STREET NAME

(RD, LN, ST, AV, ETC.)

CITY

STATE

ZIP CODE

**SIS DATA MANAGER* Please verify address with segments list, confirm match to SIS address for student and forward copy to Transportation Depart.*

WILL STUDENT RIDE THE BUS IN THE:

MORNING? _____ YES/NO _____ AFTERNOON? _____ YES/NO _____

Please answer by circling YES or NO for both Morning and Afternoon above!!

**WRITE BELOW ONLY IF STUDENT WILL--BOARD(AM)--OR--DEPART(PM)--{circle what applies}
THE BUS AT A STOP LOCATION OTHER THAN THE HOME ADDRESS LISTED ABOVE (such as
grandparents, daycare, babysitters, etc...) "WRITE BELOW ONLY IF APPLIES"**

911 HOUSE NUMBER

STREET NAME

(RD, LN, ST, AV, ETC.)

CITY

STATE

ZIP CODE

PARENT SIGNATURE _____ PRINT NAME _____

TRANSPORTATION REQUESTS CAN TAKE UP TO TEN(10) DAYS FOR PROCESSING AND APPROVAL

ADDITIONAL COMMENTS:

(TRANSPORTATION DEPARTMENT USE ONLY BELOW THIS LINE)

BUS STOP # _____

Approximate Stop Times: _____ AM _____ PM

BUS RUN # _____

Bus Number: _____ Right Hand Stop Only _____

Corner Stop at: _____

APPROVED _____ DENIED _____

REASON DENIED: _____