



Magnet Program Transportation Request Form

Date of Request: _____ Student #: _____ School Year: _____

School Name: _____

Student Name: _____ Grade: _____

(Last, First, MI)

Parent/Guardian Name: _____

Address: _____

**** Primary Address Only ****

City: _____ State: _____ Zip: _____

Phone *(home)*: _____ Phone *(work)*: _____

New Student Returning Student Change of Address

Siblings in same school: Yes No Name(s) _____

Magnet stops will be at satellite locations at zoned schools. Parents are responsible to get their child to and from their assigned satellite stop.

My child will attend the magnet at _____ School,
but I do NOT need transportation.

My child will attend the magnet at _____ School,
and WILL need transportation.

Parent Signature

Date

(For Transportation Department use)

Date Request Received: _____

Route Number Assigned: a.m. _____ p.m.: _____

Pick-Up Time: _____ Drop-Off Time _____

Elementary Only: Wednesday p.m. drop-off is 1 hour, 15 minutes earlier due to early dismissal.

Elementary Wednesday drop-off time: _____

Stop Location: _____

School Official: _____ Date: _____

***** Student must have a completed copy of this form to give to bus driver *****