

SCHOOL YEAR: 2018-2019

BAYLESS TRANSPORTATION REQUEST FORM

ONLY ONE FORM PER FAMILY REQUIRED

(PLEASE PRINT)

STUDENT NAME (LAST, FIRST)

GRADE LEVEL 2018-19

_____	_____
_____	_____
_____	_____
_____	_____

HOME ADDRESS _____

CONTACT # OF PARENT/GUARDIAN _____

_____ NO, I DO NOT WISH TO HAVE TRANSPORTATION SERVICES

_____ YES, MY CHILD(REN) WILL RIDE THE BUS.

_____ AM only _____ PM only _____ Both

If not both, please describe transportation arrangements:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Car Rider | <input type="checkbox"/> After School Child Care _____ (name of Day Care) |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Sibling Pick-Up _____ |

IF REQUESTING STUDENT BE DROPPED BY THE BUS AT ANOTHER DISTRICT ADDRESS OTHER THAN HOME, PLEASE COMPLETE THE FOLLOWING:

NAME OF SITTER: _____

ADDRESS OF SITTER: _____

PHONE NUMBER OF SITTER: _____

Date: _____ Parent's Name (PRINT) _____

Completed by: _____

TRANSPORTATION OFFICE USE ONLY:

AMBUS # _____ BUS STOP# _____ PMBUS# _____ BUS STOP# _____

AMPCKPT _____ PMPCKPT _____