

BUS REQUEST

Ada Exempted Village School District

Date Starting:

Parents:

Please complete this form to request a change in bus scheduling for your child.

All changes must be consistent. Please use **ONE** form for each child.

If your child is in kindergarten, please indicate if they are in AM or PM class.

All lines must be completed.

Name of student: _____
student _____ *grade* _____ *homeroom teacher* _____

Student will be: coming from _____ and/or _____ going to _____

Name: _____

Address: _____

Phone number of this residence: _____

Reason: _____ Baby-sitting
_____ Emergency situation
_____ Other: _____

Check one of the options below and complete:

_____ Good from _____ to _____
_____ Good until further notice

Parent / Guardian Name: _____

Home Address: _____

Home telephone number: _____

Number where you can be reached if there is a question about this bus request: _____

Today's Date: _____
signature of parent / guardian

For office use only:

Approved: _____ Not Approved: _____

Signed by: _____
transportation supervisor / principal / superintendent

Bus number:
AM _____

NOON _____

PM _____

Bus stop:
AM _____

NOON _____

PM _____