

APPLICATION for SCHOOL BUS TRANSPORTATION

SCHOOL YEAR: _____

Child's Name: _____

Address: _____

Parent Email Address: _____

Parent Phone: _____

Will your child be riding the bus during the school year? _____ Yes _____ No

Will your child be riding the bus on the first day of school? _____ Yes _____ No

Will call & inform the office when my child will start riding the bus _____ Yes _____ No

For students 10 years of age or younger, it is approved to drop my student without an older sibling or adult present _____ Yes _____ No

Emergency Contact Information:

Name: _____ Phone: _____

Name: _____ Phone: _____

Bus Route:

- Corbett Route AM Only AM & PM Route
- Out-of-District** PM Only Will Not Ride Bus
(Subject to Availability)

Corbett address for pick up: _____

Corbett address for drop off if different than pick up:

Other Transportation Request (OTR): _____

Parent / Guardian signature: _____

Parent / Guardian Name: _____

Date: _____

Administrator Signature (OTR): _____ Date: _____

XX

TRANSPORTATION OFFICE USE ONLY

BUS NAME: _____

TIME: AM _____ PM _____