

CENTRAL COMMUNITY SCHOOL SYSTEM
Bus Stop Request Form

New Student and Currently Reside in CCSS District

Status Change
 Re-register **Change of Address**
Other _____

USE THIS FORM TO REQUEST A BUS STOP OR A CHANGE IN YOUR CHILD'S BUS STOP.
 REQUEST MUST BE SIGNED BY SCHOOL ADMINISTRATION BEFORE FIRST STUDENT CAN ASSIGN A BUS NUMBER.
 PLEASE NOTE: A MAXIMUM OF THREE DAYS COULD BE REQUIRED TO EFFECTIVELY INSTITUTE THE REQUESTED CHANGE.
 CHILDREN IN PREK-4TH GRADE MUST HAVE SOMEONE VISIBLE IN ORDER TO BE RELEASED FROM THE BUS.

Today's Date: _____ **Student Name:** _____

Student Grade: _____ **School Attending:** _____

Parent/Guardian's Name: _____

Daytime Phone: _____ **Cell Phone:** _____

Student's Current Address: _____

Street Name/Number	City	Zip
Complete Physical Address of Requested Bus Stop in the MORNING		Date Stop to Begin:
_____	_____	_____
_____	_____	_____

Complete Physical Address of Requested Bus Stop in the AFTERNOON		Date Stop to Begin:
_____	_____	_____
_____	_____	_____

Complete Physical Address of Requested Bus Stop for ADDITIONAL Bus Stop: ____ AM ____ PM		Date Stop to Begin:
_____	_____	_____
_____	_____	_____

If your child receives Special Education Services, does your child's I.E.P. indicate special transportation services be provided? Yes No

Emergency Contact and Phone Numbers: _____

Parent/Guardian's Signature: _____

Principal's Signature: _____

TO BE FILLED OUT BY FIRST STUDENT OFFICE ONLY		
Bus #	Stop Location	P/U Time
_____	_____	_____
Bus #	Stop Location	D/O Time
_____	_____	_____