

MUST BE COMPLETED YEARLY BY ALL FAMILIES OF CONTINENTAL SCHOOL DISTRICT WHO REQUEST TRANSPORTATION

CONTINENTAL ELEMENTARY SCHOOL DISTRICT #39

1991 E. WHITEHOUSE CANYON RD. GREEN VALLEY, AZ 85614
PHONE: (520) 625-4581

TRANSPORTATION REQUEST FORM for 2015-2016

THIS DOCUMENT MUST BE SIGNED AND RETURNED TO THE DISTRICT IN ORDER TO ENSURE ADEQUATE PLANNING FOR STUDENT TRANSPORTATION.

PLEASE COMPLETE ONE FORM FOR EACH CHILD IN THE FAMILY.

STUDENT NAME _____ AGE _____ GRADE (2015-2016) _____

STREET ADDRESS _____

CITY AND STATE _____

PARENTS/GUARDIAN NAME _____

PRIMARY PHONE _____ SECONDARY PHONE _____

EMERGENCY CONTACT NAME _____ PHONE _____

AFTERSCHOOL PROVIDER NAME _____ PHONE _____

DO YOU LIVE: _____ IN DISTRICT _____ DOES YOUR CHILD ATTEND VIA OPEN ENROLLMENT?

BUS NEEDED FOR: _____ BOTH AM & PM _____ AM ONLY _____ PM ONLY _____ FIELD TRIPS ONLY

PLEASE LIST ALL SIBLINGS RIDING THE SCHOOL BUS: NAME: _____ GRADE: _____

NAME: _____ GRADE: _____ NAME: _____ GRADE: _____

NAME: _____ GRADE: _____ NAME: _____ GRADE: _____

DOES YOUR SON/DAUGHTER NEED SPECIAL CARE WHILE RIDING THE BUS?

NO YES

IF YES EXPLAIN _____

DESCRIBE SPECIAL BUS TRANSPORTATION CIRCUMSTANCES:

(Riding one-way or pick-up/drop off at a different location other than home address)

PARENT/GUARDIAN NAME (PRINTED) _____

PARENT/GUARDIAN

SIGNATURE _____ DATE: _____

REMEMBER: TO RIDE ON THE SCHOOL BUS IS A PRIVILEGE AND NOT A RIGHT. INAPPROPRIATE BUS CONDUCT MAY RESULT IN LOSS OF BUS RIDING PRIVILEGES AND/OR SUSPENSION BY A SCHOOL DISTRICT OFFICIAL. OUR GOAL IS A SAFE, PLEASANT, AND ENJOYABLE TRIP FOR ALL RIDERS.

For office use only:

Bus Stop: AM _____ PM _____

Bus Driver: AM _____ Bus # _____ PM _____ Bus # _____

Teacher: _____ Effective Date: _____ Approved: _____ Yes _____ No