

# SCHOOL TRANSPORTATION ELIGIBILITY/REQUEST FORM



Students eligible for bus transportation are those in Kindergarten through 8<sup>th</sup>-grade who live more than one mile from school or students in grades 9-12 who live more than a mile and a half from school.

If your student is eligible for transportation, please complete the information below.

Student Name: \_\_\_\_\_

School Site: CHS CJHS CAP-AM CAP-PM Heartland West

Grade: KG 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

AM Physical Street Address: \_\_\_\_\_  
*(physical address where student will be picked up in the morning)*

The above AM address is: our place of residence NOT our place of residence

PM Physical Street Address: \_\_\_\_\_  
*(physical address where student will be picked up in the morning)*

The above PM address is: our place of residence NOT our place of residence

City, State, Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

If we are unable to contact a parent/guardian, please list two (2) emergency contacts.

Emergency Contact #1 Name: \_\_\_\_\_

Emergency Contact #1 Phone: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_

Emergency Contact #2 Phone: \_\_\_\_\_

## SCHOOL SITE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

## TRANSPORTATION DEPARTMENT USE ONLY

Route #: \_\_\_\_\_ Bus #: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

Pick-Up: \_\_\_\_\_ Drop-Off: \_\_\_\_\_