



BUS TRANSPORTATION REQUEST 2009 – 2010

Parent's Names: _____

Students who will be riding the bus:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

I would like one-way AM _____, one-way PM _____, or two-way _____ service.

A.M. Bus Route/Stop: _____

P.M. Bus Route/Stop: _____

Highland School does _____, does not _____ have my permission to drop my child(ren) off at the bus stop without someone being there to meet him/her.

I understand that if my child is not met at the bus stop in the afternoon within 5 minutes of the scheduled time my child will remain on the bus and be taken back to school for pickup. I understand that if I have not paid for bus service by October 31, 2009 that my child(ren) will not be able to ride the bus until the entire amount owed for this service has been paid.

Parent's Signature

Date