

**SCHS, SCMS, SCES
TRANSPORTATION REQUEST
2017 – 2018 SCHOOL YEAR**

Parent's/Guardian's Name _____

Date _____

Phone Number _____ **Address** _____

NAMES of children who will ride the bus:

_____ **Grade** _____

_____ **Grade** _____

_____ **Grade** _____

_____ **Grade** _____

_____ **Grade** _____

_____ **Grade** _____

EXACT location from your home to school of attendance:

(Example: 5 miles north, 1 mile west, 1/2 mile south)

EXACT number of miles from your home to school of attendance _____

Have ridden bus from this location previously

New bus student this year

Pre-school student this year

Kindergarten Student

Kinder-prep student this year