

## Davidson County Schools 2016-2017 Transportation Request

Dear Parent or Guardian:

Please complete this form if you are requesting School Bus Transportation for your child.

Student's Name: _____			
(Last)	(First)	(M.I.)	
Student # _____			
(To be supplied by the school)			
Current Grade: _____		School Attending 2016-2017: _____	
Home Address: _____			
(Number)	(Street Name)	(City)	(Zip)
<input type="checkbox"/>	<b>YES, my child needs bus transportation for the 2016-2017 school year.</b>		
<input type="checkbox"/>	AM	<input type="checkbox"/>	PM
<input type="checkbox"/>	Both (Same as "Home" address)		
AM Bus Stop Location: _____			
If different from "Home" address			
PM Bus Stop Location: _____			
If different from "Home" address			
<input type="checkbox"/>	<b>NO, my child does not need bus transportation the 2016-2017 school year.</b>		

The final day to request or change bus transportation for the 2016-2017 school year is August 5<sup>th</sup> 2016.

If parents/guardians request bus transportation after the August 5<sup>th</sup> 2016 deadline, they will have to provide transportation for their children to and from school until bus transportation arrangements can be determined — **this might not occur until 10 days after school has started.**

Additionally, there is a three (3) day minimum turn-around period for Bus Transportation Requests made during the regular school year.

Parents/guardians requesting bus transportation should expect a three (3) day minimum turn-around to allow the Transportation Department to receive and process the request.

Parents/guardians will have to provide transportation for their children to and from school until bus transportation arrangements can be determined.

By signing below I signify that I have read and understand the instructions on this form:	
Parent/Guardian's Signature _____	
Phone Number _____	Date _____