

2016 – 2017 Yadkin County Schools Transportation Department
School Bus Request and Deletion Form

Please check one box below.

Bus Stop Request Bus Stop Deletion

School and Code _____ Date _____

Students Full Name (please print) _____ Grade _____

Students 911 Address (house #) _____ (street name) _____

Mailing Address (if different than above) _____

City _____ State _____ Zip _____

Home Phone _____

Transportation Address A.M. (house #) _____ (street name) _____

Transportation Address P.M. (house #) _____ (street name) _____

Must have correct Transportation Address to provide transportation services.

Please indicate reason for the change in transportation.

Requestor's Signature _____ Date _____

OFFICE USE ONLY

It is a State Law that this information be reported to the Transportation Office within 10 school days from the date of change. Please provide the Assistant Principal, Bus Coordinator, Power School data managers and bus drivers with a copy of this information. This will keep everyone well informed of the change being made with the bus routes for each school. Thank you.

Bus # A.M. _____ Bus # P.M. _____

Assistant Principal/Bus Coordinator Signature _____

Power School Data Manager Signature _____

Bus Driver Signature _____

TIMS Data Manager Signature _____

Transportation Director Signature _____

Stop # _____ Run # _____ Route # _____