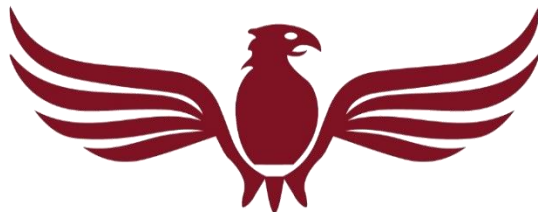


GREATER GRACE CHARTER ACADEMY



SOARING TO EXCELLENCE

BUILDING CHARACTER | NURTURING RELATIONSHIPS | INSPIRING LEADERS

BUS STOP REQUEST FORM

_____ My child does not require transportation for the 2017-18 school year. I will not be completing the rest of this form.

_____ My child will be a car rider. He/she will be picked up by: _____

DATE: _____ STUDENT NAME: _____

STUDENT GRADE 17-18: _____

ADDRESS OF STUDENT: _____

ADDRESS OF REQUESTED BUS STOP: _____

DATE STOP TO BEGIN: _____ CHECK ONE: _____ MORNING _____ AFTERNOON or _____ BOTH

REASON FOR REQUEST: _____

PARENT/GUARDIAN NAME: _____

DAYTIME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT ON FILE WITH SCHOOL: _____

HOME PHONE: _____ CELL PHONE: _____

PARENT/GUARDIAN SIGNATURE: _____

SCHOOL ADMIN. SIGNATURE: _____

USE THIS FORM TO REQUEST YOUR CHILD'S BUS STOP.
REQUEST MUST BE SIGNED BY SCHOOL ADMINISTRATION BEFORE BUS COMPANY CAN ASSIGN A BUS NUMBER
PLEASE NOTE: ANY CHANGES WILL TAKE AT LEAST TWO SCHOOL DAYS TO IMPLEMENT

FOR TRANSPORTATION AND OFFICE USE ONLY

BUS NUMBER: _____

STOP LOCATION: _____

AM PICK UP TIME: _____ PM OFF TIME: _____