

APPLICATION FOR WAIVER of TRANSPORTATION GUIDELINES

Complete one form per family per location

Parent/Guardian Name: _____
Parent/Guardian Address: _____ City _____
Parent/Guardian Day/Cell Phone: _____ Evening phone: _____
Pickup or Drop address: _____

COMPLETE for EACH CHILD in HOUSEHOLD:

Student's Last Name: _____ First Name: _____
School: _____ Grade: _____
One Way Transportation: Yes/No Two Way Transportation: Yes/No

Student's Last Name: _____ First Name: _____
School: _____ Grade: _____
One Way Transportation: Yes/No Two Way Transportation: Yes/No

Student's Last Name: _____ First Name: _____
School: _____ Grade: _____
One Way Transportation: Yes/No Two Way Transportation: Yes/No

Student's Last Name: _____ First Name: _____
School: _____ Grade: _____
One Way Transportation: Yes/No Two Way Transportation: Yes/No

I HAVE READ THE BUS WAIVER STIPULATIONS AND AGREE TO THE TERMS AND CONDITIONS:

Signature: _____ Date: _____