

PHONE: 225-262-7699
 FAX: 225-262-7695

CENTRAL COMMUNITY SCHOOL SYSTEM Bus Stop Request Form

New Reside
 Student and Currently in CCSS District
 _____ **Re-register**
 _____ **Change of Address**
 _____ **Status Change**
 Other _____

REQUEST MUST BE SIGNED BY STUDENT SERVICES OR SCHOOL ADMINISTRATION BEFORE A BUS NUMBER IS ASSIGNED.

PLEASE NOTE: A MAXIMUM OF **THREE** DAYS COULD BE REQUIRED TO EFFECTIVELY INSTITUTE THE REQUESTED CHANGE. CHILDREN IN PREK-4TH GRADE MUST HAVE SOMEONE VISIBLE IN ORDER TO BE RELEASED FROM THE BUS.

Student Name: _____ **Date:** _____

DO () **WANT BUS SERVICE FOR MY CHILD.**
 DO NOT ()

Parent/Guardian's Name: (please print) _____

Parent/Guardian's Signature: _____

If requesting bus service, please complete the following information for your child.

Student Grade: _____ **School Attending:** _____

Primary Phone # of Parent/Guardian: _____ **Secondary Phone # of Parent/Guardian:** _____

Student's Current Address: _____

Street Name/Number	City	Zip
Complete Physical Address of Requested Bus Stop in the MORNING		Date Stop to Begin:
_____	_____	_____
_____	_____	_____

Complete Physical Address of Requested Bus Stop in the AFTERNOON		Date Stop to Begin:
_____	_____	_____
_____	_____	_____

Complete Physical Address of Requested Bus Stop for ADDITIONAL Bus Stop: _____ AM _____ PM		Date Stop to Begin:
_____	_____	_____
_____	_____	_____

If your child receives Special Education Services, does your child's I.E.P. indicate special transportation services be provided?

Yes

No

Emergency Contact and Phone Numbers: _____

School Administrator Signature: _____

TO BE FILLED OUT BY FIRST STUDENT OFFICE ONLY

Bus # _____ Stop Location _____ P/U Time _____

Bus # _____ Stop Location _____ D/O Time _____