

Guadalupe School

K-6th – Grade - Request for Student Transportation Form

A new form must be completed yearly for all students and whenever a change in transportation is requested. Please complete one form for each student. All requests and changes must be made using the *Request for Student Transportation Form*. **Verbal requests will not be honored.** For questions, please contact Paul Mulder at 801-531-6100

DATE OF REQUEST: _____

Student's First and Last Name _____ Grade: _____

Health concerns and/or daily medications _____

Street Home Address _____

_____ Number Street City

Zip
Parent/Guardian Name

Mobile Number _____ Home Number _____

Email Address _____

_____ If you cannot be reached or are not at home: a neighbor, friend, or relative we can call (name and phone number)

Morning Transportation Request

- I am not requesting morning transportation
 I am requesting transportation from the nearest bus stop to my child's school

After-School Transportation Request

- I am not requesting after school transportation
 I am requesting transportation from my child's school to the nearest bus stop **after school exit hour**.
 I am requesting transportation from my child's school to the nearest bus stop **after Homework Help**.
 I am requesting transportation from my child's school to the nearest bus stop **after After-School Program**.

For transportation to a location **other than the student's home address**, please complete the section below. These requests will not always be possible. The decision will be based on our current bus stops, routes and the number of students entitled to ride the bus your student would be added to. We will however grant the request whenever we are able.

Pick up address for transportation to school: _____

Contact person and phone number at pick up address _____

Drop off address after school _____

Contact person and phone number at drop off
address _____

Parent/Guardian Signature _____
Date _____

Parent/Guardian Name _____

This section will be completed by the transportation department. This information will be forwarded to the school office and the school office will make you aware of the details of your child's transportation. **There is a 5 school day processing period before transportation begins.**

Transportation Use Only

Office Date Received _____ Initials _____ Transportation Date Received _____ Initials _____

Approved **Denied**

AM

PM

Bus # to school: _____

Bus # to school: _____

Location of bus stop: _____

Location of bus stop: _____

Reporting time to bus stop location: _____

Reporting time to drop off stop _____