

SOUTH PARK SCHOOL DISTRICT REQUEST FOR TRANSPORTATION

The South Park School District Transportation Office has started to plan for the current school year. Please complete this form with your transportation request and return it to the school office as soon as possible. This transportation request will be reflected on the transportation assignment your child will receive via email.

RETURNING FAMILIES: Even if your child's assigned stop will not be changing next year, please complete this form.

If at any time you need to change this request prior to the first day of school, please complete a transportation change form and submit it to your school office. If your child will be a car rider next year, please check the appropriate box.

Student's Name _____ Current Grade: _____

Home Address _____
(street address with zip code)

Parent/Guardian Name _____ Primary Phone Number _____

1. Your child's caregiver/daycare must be in South Park Township in order for the South Park School District to provide transportation.
2. If your child/children will be picked up and/or dropped off at another location, other than the home address, the responsible party's information must be included below.
3. The requested transportation schedule must be CONSISTENT throughout the school year.
4. This form must be signed and returned to the school office.

Will your child be a car rider every morning and every afternoon? **YES** **NO**

If yes, you may sign and submit the form. No other information is required. If no, please continue.

Will your child be transported to/from the approved bus stop for the home address listed above every morning and afternoon? **YES** **NO**

If yes, you may sign and submit the form. No other information is required. If no, please continue.

Please provide the address and required information for up to two transportation locations, including your home address if applicable. A student may have no more than two (2) bus stops. The Transportation Department will assign an approved bus stop closest to the address(es) listed below.

TRANSPORTATION REQUESTED ADDRESS #1

Address with Zip Code _____

Name of Responsible Party _____

Phone Number _____

TRANSPORTATION REQUESTED ADDRESS #2

(Leave blank if you are not requesting a second address)

Address with Zip Code _____

Name of Responsible Party _____

Phone Number _____

Please check one box per trip, indicating your child's transportation schedule for the current school year.

MORNING TRANSPORTATION	Requested Address #1	Requested Address #2	Car Rider
Monday AM			
Tuesday AM			
Wednesday AM			
Thursday AM			
Friday AM			

AFTERNOON TRANSPORTATION	Requested Address #1	Requested Address #2	Car Rider
Monday PM			
Tuesday PM			
Wednesday PM			
Thursday PM			
Friday PM			

Parent/Guardian Signature _____ Date _____

Assigning bus stops is the responsibility of the South Park School District. Parents must recognize bus stop assignments cannot be customized to meet every individual need and still be part of an efficient and economical transportation system. Please remember the South Park School District cannot consider factors associated with individual family or parental situations. Such concerns are expected to be resolved by the family or parent/guardian. For further information concerning the request and/or regulations of bus stops, please review School Board Policy 810 on www.sparksd.org or contact your building principal for a copy. Two stops per child permitted as long as district operates in normal, five-day operational model.