Kalamazoo Public Schools
TRANSPORTATION DEPARTMENT

REQUEST FOR TRANSPORTATION
2025/26 School Year

Request Completed By:	
Date Requests:	

REQUEST FOR: (place X in box)

	Address Change
	New Student in Area
	Change in Schools
	Other

Student ID		Student Name		DOB		Grade	
Student ID		Student Name		DOB		Grade	
Student ID		Student Name		DOB		Grade	
Student ID		Student Name		DOB		Grade	

Home Address:				Zip Code:			
Apartment Name:							
Home Phone		Work Phone					
Parent / Guardian Name:							
Parent / Guardian Email:							
From Home Address	No Bus Needed		Pick Up Only		Drop Off Only		Pick Up & Drop Off	

*** Transporting address if Different from home address:

Alt. Transporting Address:				Zip Code:		
Apartment Name:						
Alt Transporting Address:	Pick Up Only		Drop Off Only		Pick Up and Drop Off:	

Attending School	
Additional Comments: (If requesting two regularly scheduled bus stops, include schedule here. There must be a set schedule when requesting two stops)	
Parent requested start date:	

Note – parent should be told that start date could take up to five days. School will notify parent when bus is assigned.

Date School Notified		Start Date:	

Do not place student on bus prior to start date provided by transportation.