

Transportation Department

8107 Mustang Dr. Portage, Michigan 49002-5433 phone: 269.323.5151

fax: 269.323.5193

	<u>TR</u> .	ANSPORTATION RE	QUEST		
Student Name:		Date of F	3irth:	Today's Date:	_
REQUESTED School and	Grade Assign	nment:			
This transportation request i	s for the:	☐ Current school year	☐ Next s	school year	
Home Address:				Home Phone:	_
City/Zip Code:					
Student Resides With:	Jame	Relationship		Daytime Phone #	
1)					_
2)					_
		ons or allergies that transport		needs to be aware of? ☐ No ☐ Ye	es
	<u>conf</u>	tacted with busing info			
bus service. Students not regidentify one (1) pick up and or	istered with tr ne (1) drop off vill be assigned	ransportation will not be assign flocation for the school year. d within the prescribed walking	ted to a bus. The bus stop distance.	n, all students are required to register for a Parents/guardians are encouraged or may or may not be located at the hor Any changes must be made in writing	to ne
PICK UP AT: ☐ Home					
☐ Curiou	s Kids: 🗖 at Child Care: N	ame:		location	_
☐ Transp	ortation to sc	Address: hool is not required			-
DROP OFF AT: □ Home		<u> </u>			
☐ Curious	s Kids: 🛮 an	t PCEC ~or~		location	
☐ Other (Child Care: N	ame:		Phone:	_
☐ Transp	ortation from	Address:school is not required			_

• Please return this form to the person registering your student(s) or the Transportation Office.