

**CENTRAL COMMUNITY SCHOOL SYSTEM**  
**Bus Stop Request Form**

**New Student and Currently Reside in CCSS District**

**Status Change**  
 **Re-register**  **Change of Address**  
**Other** \_\_\_\_\_

USE THIS FORM TO REQUEST A BUS STOP OR A CHANGE IN YOUR CHILD'S BUS STOP.  
 REQUEST MUST BE SIGNED BY SCHOOL ADMINISTRATION BEFORE FIRST STUDENT CAN ASSIGN A BUS NUMBER.  
 PLEASE NOTE: A MAXIMUM OF THREE DAYS COULD BE REQUIRED TO EFFECTIVELY INSTITUTE THE REQUESTED CHANGE.  
 CHILDREN IN PREK-4<sup>TH</sup> GRADE MUST HAVE SOMEONE VISIBLE IN ORDER TO BE RELEASED FROM THE BUS.

**Today's Date:** \_\_\_\_\_ **Student Name:** \_\_\_\_\_

**Student Grade:** \_\_\_\_\_ **School Attending:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Student's Current Address:** \_\_\_\_\_

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

Complete Physical Address of Requested Bus Stop in the <b>AFTERNOON</b>		Date Stop to Begin:
_____	_____	_____
_____	_____	_____

Complete Physical Address of Requested Bus Stop for <b>ADDITIONAL</b> 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:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_

TO BE FILLED OUT BY FIRST STUDENT OFFICE ONLY		
<b>Bus #</b>	<b>Stop Location</b>	<b>P/U Time</b>
_____	_____	_____
<b>Bus #</b>	<b>Stop Location</b>	<b>D/O Time</b>
_____	_____	_____