

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

- New Student Due to Being Displaced from Flooding**
 New Student and Currently Reside in CCSS District
 Status Change (ie Re-register, Change of Address, Name Change, Guardianship)

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-4TH 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 Number/Name _____ City _____ Zip _____

If address is temporary due to being displaced from flooding, indicate previous address:

_____ Street Number/Name _____ City _____ Zip _____

Complete Physical Address of Requested Bus Stop in the MORNING	Date Stop to Begin:
_____	_____
_____	_____

Complete Physical Address of Requested Bus Stop in the AFTERNOON	Date Stop to Begin:
_____	_____
_____	_____

Complete Physical Address of Requested Bus Stop for ADDITIONAL 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		
Bus # _____	Stop Location _____	P/U Time _____
Bus # _____	Stop Location _____	D/O Time _____