

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

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

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

REQUEST MUST BE SIGNED BY STUDENT SERVICES OR SCHOOL ADMINISTRATION BEFORE A BUS NUMBER IS ASSIGNED.  
 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.

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Name:** (please print) \_\_\_\_\_ **DO ( )**  
**DO NOT ( )** **WANT BUS SERVICE FOR MY CHILD.**

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

**If requesting bus service, please complete the following information for your child.**

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

**Primary Phone # of Parent/Guardian:** \_\_\_\_\_ **Secondary Phone # of Parent/Guardian:** \_\_\_\_\_

**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:** \_\_\_\_\_

**School Administrator 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> |       |
| _____                                         | _____                | _____           | _____ |