

Application for Bus Transportation

Student's Name _____
 Home Address _____ Phone # _____
 Present School _____ Present Grade _____
 For School Year _____
 Date of Request: _____

NOTICE

I request that my child/children be transported to the following physical address:

By signing below, I confirm that I am aware that the Greenup County School District will continue to transport my child/children to the above address providing:

1. The school bus does not add either time or mileage or in any way alter the designated bus route in order to provide service;
2. Service is granted only if space is available on the bus;
3. The student obeys all rules and regulations of the Department of Transportation, and;
4. The parents submit a written request for such transportation.

Written request will be granted based on the above criteria, safety, and need of the student.

I UNDERSTAND THAT, IF APPROVED, THIS BUS TRANSPORTATION WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR AND THAT ANY SPECIAL TRANSPORTATION NEEDED IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

_____	_____
<i>Parent/Guardian's Signature</i>	<i>Date</i>

To be completed by Central Office Personnel
--

Application	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date _____
Parent contacted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____
Present School Contacted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____

Professional recommendation, if required _____

_____	_____
<i>Superintendent/designee's Signature</i>	<i>Date</i>

Review/Revised:8/27/2018