



School Year _____

Temporary Rider Request Form

(Please read about eligibility before completing)

Start date _____ End date _____

Student name _____

Student ID _____ School of attendance _____ Grade _____

Home address _____

Current Route # _____ Current stop location _____

Address for temporary bussing _____

Route # wishing to ride _____ Stop location _____

If student has a district approved transfer: School yr approved _____

Reason for request _____

Parent/guardian name _____

Phone number _____ Email _____

Parent/guardian signature _____ Date _____

OFFICE USE ONLY	Date received: _____
Approved: Bus Route _____ Stop Location _____	
Declined: Reason _____	

Parent/guardian contacted: Date _____	