Marysville School Bus, Inc., 1421 Michigan Ave., Marysville, MI 48040 810-364-7789 fax 810-364-4169

School Bus Transportation Request Form
2012-2013 School Year

Please circle all that apply: Current student New Student

First day attending or effective date for this request:_____

Health concerns and/or daily medications _____

Full name of Student: _____

Home Address of Student: _____
number street city zip

Home telephone number_____Cell/other contact number_____

School Attending: Sr High Middle School Gardens Washington Morton

Please circle all that apply:

Student will be riding school bus: to school from school extra curricular

Students date of birth_____ Grade_____

Alternate Contact person_____telephone number_____

Parent/Guardian Signature_____Date_____

For transportation to a location other than the student's home address, please complete this section.
These requests will not always be possible, the decision will be based on our current bus stops, routes and the number of students entitled to ride the bus your student would be added to. We will however grant the request where we are able

Address **to be picked up for transportation to school** _____

Contact person and phone number at this address_____

Address **to be dropped off after school**_____

Contact person and phone number at this address_____

This section to be completed by transportation department, this information will be forwarded to your student's school and the school will make you aware of the details of your student's transportation. There is a three day processing period before transportation begins.

	AM		PM
Bus # To School	_____	**Bus # Home**	_____

Location of Bus Stop_____

Reporting time to bus stop Location_____ **Time delivered to drop off stop**_____