

Perry Elementary/Jr. High School
 Alternate Bus Transportation Request Form

Student Name: _____

Grade Level and Teacher: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Care Giver's Name: _____

Care Giver's Address: _____

Care Giver's Home Phone: _____ Care Giver's Cell Phone: _____

I am requesting that my child(ren) be transported to and from school as indicated below:

Day	BUS RUN	Name/Address
Monday	Morning	
	Afternoon	
THERE IS NO LATE BUS RUN		
Tuesday	Morning	
	Afternoon	
	3:20 PM	
Wednesday	Morning	
	Afternoon	
	3:20 PM	
Thursday	Morning	
	Afternoon	
	3:20 PM	
Friday	Morning	
	Afternoon	
THERE IS NO LATE BUS RUN		

I am requesting that the transportation begin on _____ and end on _____.

Date: _____ Parent/Guardian Signature: _____

OFFICE USE ONLY

A.M. Bus #	<input type="text"/>	3:20 PM	<input type="text"/>	Copy to Bus Garage	<input type="text"/>
P.M. Bus #	<input type="text"/>			Copy to Teacher	<input type="text"/>
				Info to School Tool	<input type="text"/>