

Guadalupe Center

K-6th – Grade - Request for Student Transportation Form

A new form must be completed yearly for all students and whenever a change in transportation is requested. Please complete one form for each student. All requests and changes must be made using the *Request for Student Transportation Form*. **Verbal requests will not be honored.** For questions, please contact Christy Sisneros at 801-531-6100 ext. 125

DATE OF REQUEST: _____

Student's First and Last Name _____

Grade: _____

Health concerns and/or daily medications _____

Street Home

Address _____

Number

Street

City

Zip

Parent/Guardian Name

Mobile Number _____ Home Number _____

Email Address _____

If you cannot be reached or are not at home: a neighbor, friend, or relative we can call (name and phone number)

Morning Transportation Request

☐ I **am not requesting** morning transportation

☐ I **am requesting** transportation from the nearest bus stop to my child's school

After-School Transportation Request

☐ I **am not** requesting after school transportation

☐ I **am requesting** transportation from my child's school to the nearest bus stop **after school exit hour**.

☐ I **am requesting** transportation from my child's school to the nearest bus stop **after Homework Help**.

☐ I **am requesting** transportation from my child's school to the nearest bus stop **after After-School Program**.

For transportation to a location **other than the student's home address**, please complete the section below.

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 whenever we are able.

Pick up address for transportation to school:

Contact person and phone number at pick up

address _____

Drop off address after

school _____

Contact person and phone number at drop off
address _____

Parent/Guardian Signature _____
Date _____

Parent/Guardian Name _____

This section will be completed by the transportation department. This information will be forwarded to the school office and the school office will make you aware of the details of your child's transportation. **There is a 5 school day processing period before transportation begins.** .

Transportation Use Only

Office Date Received _____ Initials _____ Transportation Date Received _____ Initials _____

☐ **Approved** ☐ **Denied**

AM

Bus # to school: _____

Location of bus stop: _____

Reporting time to bus stop location: _____

PM

Bus # to school: _____

Location of bus stop: _____

Reporting time to drop off stop _____