BENZIE COUNTY CENTRAL SCHOOL BUS REQUEST FORM

This form must be **completely filled out** and received by the Transportation Department **prior to service being provided**. The Director of Transportation will check your address for a safe, legal bus stop and contact you within three school days with your route number and pick-up/drop-off times.

Student Name: _____

Address: _____

City: _____ Zip Code: _____

School: _____ Grade: _____

Email: _____

Pick-Up address (if different from home): _____

Drop-off address (if different from home): _____

Mother: _____Cell: _____ Work: _____

Father: _____Cell: _____ Work: _____

ON THE LINES BELOW PLEASE LIST EMERGENCY CONTACTS

It is very important that we are supplied with at least one alternate contact name and number.

Name: _____

Relation to child/family: _____ Phone: _____

Name: _____

Relation to child/family: _____ Phone: _____

If there is any further information (i.e. medical, allergies, etc.) you feel we should be aware of please explain: _____

_____

_____

Parent/Guardian Signature: _____ Date: _____