

**NEW DISCOVERIES**  
**SCHOOL YEAR**  
**TRANSPORTATION SERVICE REQUEST FORM**  
Please Print in Ink or Type

Student(s) Name(s):

Age:

Grade:


**WE WILL PROVIDE TRANSPORTATION FOR OUR STUDENT(S).**

If you will not need transportation, you do not need to complete anything else!  
Turn the form in with **ONLY** the 'Student(s) Name(s)' portion above completed.

**If your child/ren need bus transportation please complete the following:**

Name of Parent/Guardian: \_\_\_\_\_

Date Completed by Parent: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

This is the address for pickup and drop off.

\_\_\_\_\_  
City State Zip Code

Business Telephone: \_\_\_\_\_

**Full-day student/s:** AM ONLY pickup from home \_\_\_\_\_ PM ONLY delivery to home \_\_\_\_\_ Both \_\_\_\_\_

If your child will be attending a daycare facility, please list the information below:

Name of daycare OR provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

AM ONLY pickup from daycare \_\_\_\_\_ PM ONLY delivery to daycare \_\_\_\_\_ Pickup and Delivery to daycare \_\_\_\_\_

Will the daycare send a van to transport your student? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**Transportation Use Only (Do Not Write Below Line)**

Transportation Comments: \_\_\_\_\_

Bus Number: \_\_\_\_\_ Estimated Pick-Up Time: \_\_\_\_\_

Estimate Drop-off Time: \_\_\_\_\_ Bus Driver \_\_\_\_\_

Request Approved: \_\_\_\_\_ Request Denied: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Signature of Authorized Transportation Representative: \_\_\_\_\_