

CENTRAL COMMUNITY SCHOOL SYSTEM
Bus Stop Request Form☐ New Student and Currently
Reside in CCSS District☐ Status Change
____ Re-register ____ Change of Address
Other _____

REQUEST MUST BE SIGNED BY STUDENT SERVICES OR SCHOOL ADMINISTRATION BEFORE A BUS NUMBER IS ASSIGNED.
PLEASE NOTE: A MAXIMUM OF THREE DAYS COULD BE REQUIRED TO EFFECTIVELY INSTITUTE THE REQUESTED CHANGE.
CHILDREN IN PRE-K-5TH GRADE MUST HAVE SOMEONE VISIBLE IN ORDER TO BE RELEASED FROM THE BUS.

Student Name: _____ Date: _____

Parent/Guardian's Name: (please print) _____ DO ()
DO NOT () WANT BUS SERVICE FOR MY CHILD.

Parent/Guardian's Signature: _____

If requesting bus service, please complete the following information for your child.

Student Grade: _____ School Attending: _____

Primary Phone # of _____ Secondary Phone #

Parent/Guardian: _____ of Parent/Guardian _____

Student's Current Address: _____

Street Name/Number

City

Zip

*****STUDENT MAY ONLY BE ASSIGNED TO 2 BUSES*****Complete Physical Address of Requested Bus Stop in the **MORNING**

Date Stop to Begin:

_____Complete Physical Address of Requested Bus Stop in the **AFTERNOON**

Date Stop to Begin:

_____Complete Physical Address of Requested Bus Stop for **ADDITIONAL**

Bus Stop: ____ AM ____ PM

Date Stop to Begin:

_____If your child receives Special Education Services, does your child's I.E.P. indicate special
transportation services be provided?☐

Yes

☐

No

Emergency Contact and Phone Numbers: _____

School Administrator Signature: _____

TO BE FILLED OUT BY FIRST STUDENT OFFICE ONLY

Bus # _____ Stop Location _____ P/U Time _____

Bus # _____ Stop Location _____ D/O Time _____