TJMS Bus Routing Request Form - 2026-2027 School Year

Student Name: _____

Grade: ☐ 6th ☐ 7th ☐ 8th ☐ 9th - High School Attending 26-27: _____

Parent/Guardian Name: _____ Phone#: _____

Email Address (this is how we will communicate with you, if listed): _____

Home Address: _____ City/Zip Code: _____

WS/FCS Student ID Number: _____ ☐ NEW to district (no number)

Reason for Request (Check One)

☐ NEW Request (My student does NOT have a bus assigned)
☐ We have moved. (proof of residency required)
☐ Additional Stop (we need more than one stop; students may only have two)
☐ Alternate Stop (My student needs an alternate stop due to afterschool care)
☐ Unsafe Stop (student must walk on a busy street, no sidewalks, etc.)

Transportation Requested (Check One)

☐ Morning (AM) Only
☐ Afternoon (PM) Only
☐ BOTH (AM & PM)

*If the bus stop request is for an Additional Stop or Alternate Stop, please list requested address below.

Address: _____ City/Zip Code: _____

Additional/Alternate Stop (Reason for the request)

_____

_____

Unsafe Stop: Why do you feel this stop is unsafe?

_____

_____

Parent Signature: _____ Date: _____