

**BUS TRANSPORTATION PICK-UP/DROP-OFF  
REQUEST FORM**

1. All requests must be completed and given to the Principal or Office Manager for review prior to their approval. **THREE SCHOOL DAYS NOTICE IS NEEDED BEFORE A REQUEST MAY BE GRANTED.**
2. Bus request will be considered for approval for existing stops and bus routes.
3. Final approval of request must be made by Transportation Manager prior to student being assigned bus and route to ensure that all parties involved (parent/guardian, teacher, Principal, bus company and bus driver) are informed and the student's safe transportation is assured.
4. To ensure bus transportation at the start of the school year, please fax completed form to 313-203-0153 or drop-off to the school at 27355 Woodsfield Street, Inkster MI, 48141 **10 SCHOOL DAYS before new school year begins.**

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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Date Parent/Guardian request transportation to Start \_\_\_/\_\_\_/\_\_\_ END \_\_\_/\_\_\_/\_\_\_

Please circle the days and time you need transportation.

M T W TH F (Time of Day) AM PM BOTH

*INCOMPLETE FORMS WILL BE RETURNED*

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OFFICE USE ONLY:

Date Requested: \_\_\_/\_\_\_/\_\_\_ Request approved: YES \_\_\_\_\_ NO \_\_\_\_\_

Pick-up/Drop-off location \_\_\_\_\_ Bus # \_\_\_\_\_

Notified: HM Teacher \_\_\_\_\_ Bus Driver \_\_\_\_\_ Transportation Manager \_\_\_\_\_