Where learning comes to life

CEDAR RAPIDS Community Schools

TRANSPORTATION DEPT. TRANSMITTAL
STUDENT BUS FORM

Add: _____ Change: _____ Delete: _____ Pay Busing _____

School: _____ Date: _____

Student(s): 1. _____ Gr. _____ ID# _____ Prog. _____

2. _____ Gr. _____ ID# _____ Prog. _____

3. _____ Gr. _____ ID# _____ Prog. _____

4. _____ Gr. _____ ID# _____ Prog. _____

Home Address: _____

Parent/Guardian: _____ Phone (H) _____ (W) _____

(IF DIFFERENT FROM HOME ADDRESS)

A.M Pick-up _____
Name Address Phone

P.M. Drop-Off: _____
Name Address Phone

Effective Date: _____

Special Instructions/Requests

_____

_____

For Transportation Department Use Only

A.M. Route #: _____ Noon Route #: _____ P.M. Route #: _____

Pick-Up Time: _____ Pick-Up Point: _____

Drop-Off Time: _____ Drop-Off Point: _____

Remarks:

_____

_____

3585.0030