



**PEWAMO-WESTPHALIA SCHOOLS
TRANSPORTATION REQUEST FORM**

Student Name (please print): _____ Date: _____

Grade: _____ School: _____

Home Address: _____ City: _____

Home Phone: _____ Mom's Cell: _____

Dad's Cell: _____ Other: _____

Bus Transportation Needed Bus Transportation Not Needed

Your bus driver will contact you before school starts with your bus number and times.

**TRANSPORTATION REQUEST -
ONLY COMPLETE IF DIFFERENT THAN HOME ADDRESS ABOVE:**

Pick-up Name/Address: _____

Phone: _____ Home Address = H Daycare = D Other = O

Driver: _____ Days: Mon Tues Wed Thurs Fri

Drop-off Name/Address: _____

Phone: _____ Home Address = H Daycare = D Other = O

Driver: _____ Days: Mon Tues Wed Thurs Fri

I authorize my child to be picked up/dropped off at the addresses indicated above.

Parent/Guardian Signature: _____ Date: _____

To be completed by the Transportation Director (if applicable):

A.M. Transfer: _____ to _____ Bus No. _____

P.M. Transfer: _____ to _____ Bus No. _____

Transportation Director: _____ Date: _____

Approved: Denied: