



# STUDENT TRANSPORTATION REQUEST FORM

School: \_\_\_\_\_ Start Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contacts & Pickups:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\* DO NOT release my child to: \_\_\_\_\_

List any medical alert information needed by the bus driver: \_\_\_\_\_

\_\_\_\_\_

I agree that if my child is eligible for transportation I will explain the bus rules to my child(ren). If they fail to abide by the rules or disobey the driver/aide they will be subject to a write up and discipline that can include suspension from all busses for a period of time based on school policy, and I agree to honor the suspension.

\* Please note - new transportation requests may take up to 3 business days for processing before starting.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only

This form is required to for all new student enrollments, address changes or special requests.

Sent to Trinity Transportation: Fax:  Email:

Date: \_\_\_\_\_ Staff's Initials: \_\_\_\_\_



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