



University Academy Transportation Request

Contact: Kelly Bowland

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2009-2010

University Academy Office Use Only

Date/time bus company notified: _____

Staff initials: _____

Date parent notified: _____

Staff initials: _____

Date teacher notified: _____

Staff initials: _____

Date entered into Power School: _____

Staff initials: _____

Start Date: _____

Route #: _____

Location: _____

Stop time: _____

PLEASE ALLOW 3 TO 5 SCHOOL DAYS FOR CHANGES TO TRANSPORTION ADDRESS

NOTE: PICK UP AND DROP OFF MUST BE AT THE SAME LOCATION

Date: _____

This form can be used for up to 4 students

Student Name Grade

Student Name Grade

Student Name Grade

Student Name Grade

Transportation Address (if different than home address)

City/State

Zip

Home Address

City/State

Zip

NOTE: If you are requesting a new route due to a change of address, you must also submit the following to Central Office: 1) Change of Address form; 2) an updated Emergency Contact Form; and 3) two (2) documents proving residency (i.e. utility bill, pay stub, lease). **Forms for 1 and 2 can be obtained in the University Academy Central Office. New route will not become effective until all required information is submitted.**

Parents please go over the bus rules on the back of this form with your student(s). Students and parents must sign the form. **Failure to follow the rules may result in bus riding privileges being suspended or revoked.**

University Academy
School Bus Safety Awareness



GENERAL SAFETY RULES

1. Students are to stay seated at all times.
2. Voices should be kept at a normal conversational tone; no loud talking.
3. Students are not to use profanity.
4. Students are not to eat or drink on the bus.
5. Students are not to throw objects inside the bus or out of the windows.
6. No fighting
7. Students are not to touch the emergency doors or windows.
8. STUDENTS ARE TO FOLLOW THE DRIVER'S INSTRUCTIONS AT ALL TIMES

I agree as parent/guardian to assume full responsibility for my student's conduct on the bus and agree that my student, as a passenger, WILL ABIDE BY SAID SAFETY RULES.

Parent name (please print)

Daytime Telephone Number

Parent signature

Alternate Phone Number

Student name (please print)

Student Signature

Student name (please print)

Student Signature

Student name (please print)

Student Signature

Student name (please print)

Student Signature