



University Academy Transportation Request

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2011-2012

University Academy Office Use Only	
Date received: _____ Residency Info Required: Yes _____ No _____ Residency Info Received: _____ Forwarded to Transportation Dept: _____ Date bus company notified: _____ Date parent notified: _____ Date teacher notified: _____ Date entered into Power School: _____	Start Date: _____ Route #: _____ Location: _____ Stop time: _____ Staff initials: _____ Staff initials: _____ Staff initials: _____ Staff initials: _____

NOTE: NO MULTIPLE STOPS--PICK UP AND DROP OFF MUST BE AT THE SAME LOCATION

Date: _____ Request for: AM RIDER ONLY _____ PM RIDER ONLY _____ AM/PM _____

This form can be used for up to 4 students

Student Name	Grade	Student Name	Grade
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Student Name	Grade	Student Name	Grade
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Home Address (REQUIRED FOR PROCESSING)	City/State	Zip
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Transportation Address (if different than home address)**	City/State	Zip
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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; and 2) two (2) documents proving residency (i.e. utility bill, pay stub, lease). **Change of Address form can be obtained in the University Academy Central Office. New route will not be assigned until all required residency information is submitted.**

Parents please go over the general 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.** Detailed Transportation Handbook is included in Parent & Student Handbook--2011-2012.

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. FAILURE TO FOLLOW THE RULES MAY RESULT IN RIDING PRIVILEGES BEING SUSPENDED OR REVOKED.**

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

Please provide the name and telephone number of an emergency contact in the event parent or guardian cannot be reached regarding a transportation issue.

Emergency Contact (please print)

Telephone 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