



University Academy Transportation Request

Contact: Kelly Bowland
Phone: 816.412.5934
Fax: 816.410.0322
2010 – 2011

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 _____	Student Name _____
Grade _____	Grade _____

Student Name _____	Student Name _____
Grade _____	Grade _____

Home Address _____	City/State _____	Zip _____
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<i>Transportation Address (if different than home address)</i> _____	<i>City/State</i> _____	<i>Zip</i> _____
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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; 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 be assigned until all required residency 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