

Spartanburg District One Schools

"Student Centered Education"

Request for Bus Transportation **2017 - 2018**

School: _____

Date: _____

Grade level this year: _____

Rode Last Year : **Yes** **No**
(Please circle)

Last Name: _____ First Name: _____

Street Address: _____

Town: _____

Email Address: _____

Cell Phone: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian Name: _____

(Please Print)

Please sign below indicating that you have receive a copy of the Transportation Guidelines Sheet:

(Signature Required)

Request for bus: (Please check)

AM Rider: _____ PM Rider: _____ USC Upstate/SCC Student: _____

4 Year old Midday Home: _____ 4 Year old Midday to School: _____

Special Needs Bus: _____ Must have signature of school administrator: _____

Alternative School: _____

Office use only below

Approved: _____ Denied: _____ Driver: _____

Comments: