



School Transportation Eligibility/Request Form

Students eligible for bus transportation are those in Kindergarten through 8th grade who live more than one mile from school or students in grades 9-12 who live more than a mile and a half from school.

If your student is eligible for transportation, please complete the information below.

Student Name: _____

School Site: West Heartland Coolidge Junior HS Coolidge HS CAP-AM CAP-PM

Grade: KG 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

AM Physical Street Address: _____
(physical address where student will be picked up in the morning)

The above AM address is our place of residence The above AM address is **not** our place of residence

PM Physical Address: _____
(physical address where student will be dropped off in the afternoon)

The above PM address is our place of residence The above PM address is **not** our place of residence

City, State, Zip: _____, _____, _____

Parent/Guardian Name: _____

Home Phone: (___ ___) ___ ___ - ___ ___

Parent/Guardian Mobile Phone: (___ ___) ___ ___ - ___ ___

Parent/Guardian Mobile Phone: (___ ___) ___ ___ - ___ ___

If we are unable to contact a parent/guardian, please list two emergency contacts.

Emergency Contact #1 Name: _____

Emergency Contact #1 Phone: (___ ___) ___ ___ - ___ ___

Emergency Contact #2 Name: _____

Emergency Contact #2 Phone: (___ ___) ___ ___ - ___ ___

School Site Use Only

Received By: _____ Date: _____

Transportation Department Use Only

Route # _____ Bus # _____ Bus Stop _____

Pick-Up _____ Drop-Off _____