



**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  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

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 \_\_\_\_\_