

Kalamazoo Public Schools
TRANSPORTATION DEPARTMENT

REQUEST FOR TRANSPORTATION

Call Taken By: _____
Date: _____

REQUEST FOR:	
<input type="checkbox"/>	Address Change
<input type="checkbox"/>	New Student in Area
<input type="checkbox"/>	Change of Schools
<input type="checkbox"/>	Other

Student Name: _____ Grade: _____

Home Address: _____
 Pick Up Drop Off Both

Home Telephone: _____ Work/Message Telephone: _____

Parent/Guardian: _____

Transporting Address: _____
(if different from home) Pick Up Drop Off Both

School Attending: Hackett Catholic Central High School

Additional Comments:

Pick Up Stop _____ A.M. Bus # _____ Time: _____
AM Shuttle _____ A.M. Bus # _____ Time: _____
PM Shuttle _____ A.M. Bus # _____ Time: _____
Delivery Stop _____ P.M. Bus # _____ Time: _____
(Approximate)

Scheduler's Comments:

Date Notified _____ Parent School
Signature of Notifier: _____