

**REQUEST FOR TWO OR MORE PICK-UP/DROP-OFF LOCATIONS**  
(Transportation needs are completed online at the time of online registration)

**TRANSPORTATION FORM (Kdg. - 8th)**

2024-2025 SCHOOL YEAR

BENSON PRIMARY SCHOOL     FRANZEN INTERMEDIATE SCHOOL     PEACOCK MIDDLE SCHOOL

**PLEASE NOTE:** Confirmation for bussing privileges may take up to **two weeks** after your bus form is returned to the school. When registering for bus services during the school year, it will take a minimum of 5 (five) days before bus service for your child will begin.

**Paying riders: payment (\$225.00 per student) is expected with registration and no stops will be assigned until payment is received.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Will ride the bus **TO AND FROM SCHOOL**

Will ride the bus **TO SCHOOL**

Will ride the bus **FROM SCHOOL**

Will **NOT** ride the bus

If requesting more than one stop before or after school please fill out the information below.

Stop 1 - - - home address (bus stop will be assigned nearest to home address -- pick up/drop off)

Stop 2 - - - Alternate care location for before or after school care (within District boundaries)

**Please note:** The 2 stops requested will be honored all year. **Week to week changes are not allowed.**

AM STOP 1 \_\_\_\_\_

Circle day(s) that apply    Monday    Tuesday    Wednesday    Thursday    Friday

AM STOP 2 Alt. Location \_\_\_\_\_

Circle day(s) that apply    Monday    Tuesday    Wednesday    Thursday    Friday

PM STOP 1 \_\_\_\_\_

Circle day(s) that apply    Monday    Tuesday    Wednesday    Thursday    Friday

PM STOP 2 Alt Location \_\_\_\_\_

Circle day(s) that apply    Monday    Tuesday    Wednesday    Thursday    Friday

Cell Ph #: \_\_\_\_\_ Home Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_

**Please note all contact telephone numbers provided must include area code – Thank You**

Required Signature of Parent/Guardian: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

**This form will be reviewed and approved by the Transportation Department**