



Athenian Academy of Pasco Transportation Request Form 2016-2017

I would like to secure a spot for my child/children on the school bus effective _____.

Student(s) Name (Please Print) _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Parent/Guardian Name (Please Print) _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone# _____ Cell Phone# _____

EMERGENCY CONTACT:

Name: _____ Relationship _____ Phone# _____

Preferred Bus Stop Number _____ Stop Name: _____
(Closest stop to your address)

Choose one: _____ AM & PM _____ AM ONLY _____ PM ONLY

PLEASE NOTE:

- Students in grades K-5 **cannot** be left at bus stop alone, unless walking home with middle school sibling.
- I understand that this is only a request for transportation and does not guarantee a bus to my neighborhood.
- Buses are required to run 2-4 miles out from the school and may go further, depending on the number of available seats.

Parent Signature