

Pre-School

New Student: YES/NO

Student

Student

Last Name: _____

First Name: _____



Start Date: _____

Teacher: _____

In compliance with ORS transportation provider, **First Student**, and to new state laws, it is required that each student have an assigned bus number in order for them to ride the bus to or from school. **Every ORS student will be required to complete this Request for Bus Service Form before the bus number is assigned.**

Student

Home Address: _____

Home Phone: _____

If your student rides the bus to or from a different address listed above, please indicate that address:

Birth Date: ___/___/___

Gender: M F (circle one)

Emergency Contact/Phone # _____

People Authorized (including parents) to get Student off the bus (they may be asked to provide ID):

Please list names and phone numbers.

_____	_____
_____	_____
_____	_____

Parent Signature: _____ Date: _____

School Office Personnel: Please fax this completed form to Transportation Department at 425-1884 (no cover sheet required). Requests will be honored the 15th & 30th of each month, unless student is NEW to Oak Ridge Schools. Our office will receive a faxed bus approval with transportation information.

Thank you,

Tamara Jones Rev.1/17/20