

School: \_\_\_\_\_ Grade: \_\_\_\_\_ New Student: YES NO

**Student** Last Name: \_\_\_\_\_ **Student** First Name: \_\_\_\_\_

# First Student

Request for Bus Service

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.**

**PLEASE, DO NOT PUT YOUR CHILD ON A BUS UNTIL YOU RECEIVE WORD OF APPROVAL FROM THEIR RESPECTIVE SCHOOL OFFICE**

**IF YOUR STUDENT(S) DO NOT RIDE THE BUS FOR MORE THAN 2 WEEKS THEY MAY BE REMOVED FROM THE TRANSPORTATION ROSTER**

*Students will not be allowed to ride another bus other than the one they are assigned to without a bus pass from their respective school which the student will then provide to the driver.*

Student Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

AM: \_\_\_\_\_ PM: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F (circle one)

Emergency Contact/Phone # \_\_\_\_\_

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

\_\_\_\_\_

AM Bus Service: YES NO (circle one) PM Bus Service: YES NO (circle one)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School Office Personnel:**

Please fax this completed form to Transportation Department at 425-1884 (no cover sheet required).

Thank You,  
*Isaac Walton*  
First Student - Location Manager

**PARENTS ARE RESPONSIBLE FOR THE TRANSPORTATION OF CROSS BOUNDARY AND TUITION STUDENTS**