

Swan Valley School District Transportation Department  
**Request for Student Transportation**  
**2017 -18**

**DATE:** \_\_\_\_\_

Bus transportation for \_\_\_\_\_, grade (Fall 2017) \_\_\_\_\_  
 (Print student's name)  
**(One form per child)**

**CIRCLE ONE**    Shields    Havens    Middle School    High School

**is requested** for the 2017-18 school year. He/she will be riding the bus

\_\_\_\_\_ to school from home (designated stop)    \_\_\_\_\_ **Daily**

\_\_\_\_\_ from school to home (designated stop)    \_\_\_\_\_ **Daily**

\_\_\_\_\_ alternate address (listed below)

\_\_\_\_\_ **Bus transportation is NOT REQUESTED**

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

Student Name <i>(please print)</i>	
Parent/Guardian Name <i>(please print)</i>	
Home Address	
Daytime, Cell & Home Phone numbers	

**ALTERNATE PICK-UP AND/OR DROP OFF SITE**

\_\_\_\_\_ Alternate is "Primary" stop

The Swan Valley School District will provide transportation to and from a single designated bus stop for each student meeting distance eligibility requirements.

***If any changes need to be made regarding transportation after the start of school, the changes MUST be in writing and the transportation department must have (48) hours to process.***

Alternate Pick-Up	Alternate Drop Off
Bus Stop Address	Bus Stop Address
First and Last Name of above resident	First and Last Name of above resident
Daytime Phone	Daytime Phone
Day(s) of Week - Circle all that are appropriate	Day(s) of Week - Circle all that are appropriate
Mon.    Tues.    Wed.    Thurs.    Fri.	Mon.    Tues.    Wed.    Thurs.    Fri.

**Return to 8380 O'Hern Road, Saginaw MI 48609 or fax to 989-921-3705**  
**One form per child.**

**DUE BEFORE MAY 26, 2017**