

TRANSPORTATION REQUEST FORM

Sparta Area School District and Southwest Bus Service

Please return this form to the main office of your child's school.

☐ If your child has special education transportation per an IEP, please check this box.

☐ Request for Busing ☐ Change in Busing ☐ Change of Address ☐ No Busing Needed

Student Name: _____ DOB: _____

Student ID #: _____ Pre-K: AM PM N/A

School Name: _____ Grade: _____

Home Address: _____

Parent/Guardian Information

Name: _____ Relation: _____

Email Address: _____ Phone: _____

Per Board policy, Article 516, different AM pick up and PM drop off points are permitted, but must remain the same every day for the semester. Parent or guardians are responsible for transportation on days when the student's needs vary from what is assigned.

Pick Up – Transportation TO School

☐ Primary (Home) Address ☐ Secondary Household ☐ Childcare Provider ☐ Other

Pick Up Address: _____

Contact Name: _____ Phone: _____

Special Notes: _____

Drop Off – Transportation FROM School

☐ Primary (Home) Address ☐ Secondary Household ☐ Childcare Provider ☐ Other

Drop Off Address: _____

Contact Name: _____ Phone: _____

Special Notes: _____

☐ Please check here if this student will be attending Head Start.

NOTE: Head Start is NOT in session on Fridays. All Pick Up and Drop Off information must be provided.

Effective Date

I would like the transportation services to begin/change on: _____

Transportation arrangements will be confirmed via email. If no email address is provided, confirmation will be via a phone call to the number provided above. Please 10-12 business days for processing and implementation of busing.