				Guilford County Schools									
				Transportation Services									
	TRANSPORTATION REQUEST FORM SCHOOL YEAR												
								₹					
STATUS OF REQUEST:				□New Stop		rminate nment							
CIMICO OF REGOEST.						0		1					
1.	Studen	udent's Last Name: First N											
	Power	School I#:		DOB:						Grade Level:			
2.	School Name:				Т				Date of Request:				
	PowerSchool Number:				T							,	
3.	Mother	's Name: _			Place of Em	ploym	oloyment:					Work Phone:	
	Father's Name:			Place of Emp			loyment:					Work Phone:	
4.	Emergency Contact:			Phone:								Work Phone:	
	Emergency Contact:			Phone:						Work Phone:		Work Phone:	
5.	Home A	Address:			City: State:				Zip Code:		p Code:		
	AM Pic	M Pick-Up Address: Hor						ome Phone:					
	PM Dro	Drop-off Address: Home Phone:							ome Phone:				
6.	Specia	I Instruction	nstructions/Accommodations:										
7.							New School Name:						
	Home School No						ome School Name:						
8.		of Assignment: Termination Date:											
9.		te forwarded to Transportation Office:											
10.	included:		Authorization to Leave Child Unattended										
	<u> </u>			Authorization to Receive Child									
PowerSchool Data Manager: Date:													
Parent Signature:						Date:			_				
raiti	it Sigila	ture.					Date.						
For S	chool U	se Only:											
Assignment: Bus Number:			er:				Van:						
Reimbu			mbursement:				Effective Date:						
					portation, please							. New Student/Change of	