



STUDENT TRANSPORTATION REQUEST FORM

School: _____

Start Date: _____

Student's Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian's Name(s): _____

Home Address: _____ City: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contacts & Pickups:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

* DO NOT release my child to: _____

List any medical alert information needed by the bus driver: _____

I agree that if my child is eligible for transportation I will explain the bus rules to my child(ren). If they fail to abide by the rules or disobey the driver/aide they will be subject to a write up and discipline that can include suspension from all busses for a period of time based on school policy, and I agree to honor the suspension.

* Please note - new transportation requests may take up to 3 business days for processing before starting.

Parent/Guardian Signature: _____ Date: _____

For office use only

This form is required to for all new student enrollments, address changes or special requests.

Sent to Trinity Transportation: Fax: Email:

Date: _____ Staff's Initials: _____



Trinity Transportation Group - 4624 13th Street, Wyandotte, MI 48192
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