

College Preparatory School 23-24 TRANSPORTATION REQUEST FORM Please

complete this form to request yellow bus transportation. If you move during the School Year, a new Transportation Request Form must be completed. Please allow five (5) Business Days for processing.

Date of Request:

Purpose of Request:	Returning Student/Same Address
	New Student/Address Change [POR Required]
	D Network Transfer From School: to School:
	□ Other (state purpose):
Service Type:	□ Both to and from school
	□ AM only to school – will pick up in PM
	□ PM only from school – will drop off in AM

Parent/Guardian Name:__ Home Address: Home Phone: City/State/Zip:_Emergency Phone:

Student Name Date of Birth Gender 23-24 Grade 1. M F 2. M F 3. M F 4. M F 5. M F

COMPLETING THIS FORM DOES NOT GUARANTEE TRANSPORTATION

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT

Date Reviewed: Date Completed: Request Status:

Approved
Declined
Waitlist

PowerSchool Updated: SSID:

Start Date:

Bus Information: Route: Stop:

Denial Reason:
□ Live within 1 mile or greater than 5 miles of school
□ Bus stop unavailable
□ Other: