

STOCKBRIDGE SCHOOL DISTRICT
2024-2025
BUS FORM

All students are asked to return this form to school by May 3rd.

If your child/ren **will** ride the bus for the 2024-2025 school year please fill out entire form.

If your child/ren **will not** ride the bus please indicate so along with Parent and Student's names.

Parent's Names: _____

Student: _____ Current Grade: _____

Student: _____ Current Grade: _____

Student: _____ Current Grade: _____

Student: _____ Current Grade: _____

My child/ren **will** ride the bus for the 2024-2025 school year? **YES or NO**
(Circle one)

Request transportation for **AM or PM or Both**
(Circle one)

Home address & phone remain same from previous school year? **YES or NO**
(Circle one)

If "No" please make appropriate changes below:

Home Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Pick Up Site (If Different than Home)

Name of adult at this site: _____

Address: _____

Pick Up Site Phone Number: _____ Cell Phone Number: _____

Drop Off Site (If Different than Home)

Name of adult at this site: _____

Address: _____

Drop Off Site Phone Number: _____ Cell Phone Number: _____