

Please Print

2023-2024 School Bus Transportation

WALKER REQUEST FORM



Please complete and return by July 15th

| <u>Parent/Guardian Information:</u> | Parent Last Name | First | t Name | MI |
|--|------------------------|------------------------------|--------------------|----------------|
| Phone: | | Email: | | |
| Address: | | | | |
| Student Information: #1 Studen | ut: | | | |
| | Last Name | First Name | | MI |
| School: | | Grade: | Student ID#: | |
| ********** | N | ********* | ***** | ****** |
| #2 Student: | :Last Name | First Name | | MI |
| School: | | | | |
| ******** | ***** | ******* | ***** | ****** |
| #3 Student:_ | Last Name | First Name | | MI |
| | | | | |
| School: | | Grade: | Student ID#: | |
| ****** | ****** | ******* | :***** | ***** |
| Transportation Fee: | | | | |
| The annual transportation fee for The annual family cap is \$750.0 | | 100l year is \$270 per stude | nt for all student | ts, grades K-1 |
| Signature: (Parent or Guardian | n) | | Date: | // |
| Please return with your payment t by July 15 th . If seats are available be refunded if a seat is not availal | e, Walkers are assigne | | | |
| | ice: / / | Amount: \$ | Check # | |