

Fort Gibson Schools
BUS TRANSPORTATION REQUEST

Required form for students riding buses

Must be filled out yearly

(Please complete one form for each child)

Student's Name: _____ **Grade:** _____ **Homeroom Teacher:** _____

Parent/Guardian (Mother): _____ **Phone:** (____) _____

Parent/Guardian: (Father): _____ **Phone:** (____) _____

Physical Address: _____ **City:** _____ **Zip:** _____

Circle: Rent / Homeowner **Landowner's Name:** _____

School name: (check one)

<input type="checkbox"/> Early Learning Center	Grades: Pre-K through 2 nd	(ELC)
<input type="checkbox"/> Intermediate Elementary	Grades: 3 rd through 5 th	(IE)
<input type="checkbox"/> Middle School	Grades: 6 th through 8 th	(MS)
<input type="checkbox"/> High School	Grades: 9 th through 12 th	(HS)

The student listed above:

_____ Will ride school bus in the A.M. (only)	_____ Before/After Care shuttle bus - A.M.
_____ Will ride school bus in the P.M. (only)	_____ Before/After Care shuttle bus - P.M.
_____ Will Ride Both A.M. & P.M.	

LIST ALL STUDENTS IN HOUSEHOLD WHO WILL RIDE THE BUS

Student(s):

Name: _____	Grade: _____	Name: _____	Grade: _____
Name: _____	Grade: _____	Name: _____	Grade: _____
Name: _____	Grade: _____	Name: _____	Grade: _____
Name: _____	Grade: _____	Name: _____	Grade: _____

Current Driver & Bus # (if known) _____ **Bus Stop Location:** _____

Other Information: _____

Please Note: Advance notice required if student needs to change bus routes or times. A new form will NEED to be filled out and returned to the school. Please notify the Fort Gibson School Transportation Department @ (918-478-2474 ext. 20)

Parent/Guardian Signature: _____ **Date:** _____

(School Use Only)

MS/HS Bus Driver/Bus #: _____ A.M. P/U time: _____ P.M. D/O time: _____

Elem Bus Driver/Bus #: _____ A.M. P/U time: _____ P.M. D/O time: _____

Shuttle Bus Driver/Bus #: _____ A.M. Shuttle Bus Driver/Bus #: _____ P.M.

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