## 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:	
		Phone: () Phone: ()	
Circle: Rent / Homeowner	Landowner	r's Name:	
School name: (check one)  () Early Learning Ce  () Intermediate Elen  () Middle School  () High School			(ELC) (IE) (MS) (HS)
The student listed above:			
Will ride school bus in the A.M. (only)Will ride school bus in the P.M. (only)Will Ride Both A.M. & P.M.		Before/After Care shuttle bus - A.M. Before/After Care shuttle bus - P.M.	
*LIST ALL STUD	ENTS IN HO	OUSEHOLD WHO WILL RIDE	THE BUS*
Student(s):			
	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 st returned to the school. Please notify the Parent/Guardian Signature:	Fort Gibson Sch	nool Transportation Department @ (918	' <del></del>
(School Use Only)			
MS/HS Bus Driver/Bus #:	A.M	. P/U time: P.M. D/O t	ime:
Elem Bus Driver/Bus #:	A.M	I. P/U time: P.M. D/O t	:ime:
Shuttle Bus Driver/Bus #:	A.M.	Shuttle Bus Driver/Bus #:	P.M.