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)

(____) Early Learning Center Grades: Pre-K through 2nd (ELC)
(____) Intermediate Elementary Grades: 3rd through 5th (IE)
(____) Middle School Grades: 6th through 8th (MS)
(____) High School Grades: 9th through 12th (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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