



TRANSPORTATION REQUEST
SCHOOL YEAR: _____

SCHOOL NAME & SCHOOL'S ADDRESS: _____

1. Name of Student: _____
(PLEASE PRINT CLEARLY)

2. Address of Student: _____

3. Grade Student Will Enter this Fall: _____ D.O.B. _____

4. Name of Public School District Where Student Resides:

5. Bus Stop Requested: _____

Parent/Guardian Best Phone Number: _____

Parent/Guardian Name: _____
(PLEASE PRINT CLEARLY)

Parent/Guardian Signature: _____

School Principal Signature: _____

_____ APPROVED

_____ DENIED

*****PLEASE NOTE*****

1. Students currently being transported by the Riverside School District **MUST RE-APPLY** each school year.
2. A separate form must be completed for **EACH** student requesting transportation.
3. All applicants **MUST** reside within the boundaries of the Riverside School District. You must notify the Riverside SD immediately of a change in residence or you will be responsible for our tuition and will be billed.
4. Bus stops and times will be sent to each school for distribution to parents and/or published prior to Labor Day on the Riverside School District website.