



TRANSPORTATION DEPARTMENT * 1192 MACEDONIA CHURCH ROAD * BUCHANAN, GA 30113 * 770-646-5532
WWW.HARALSON.K12.GA.US

STUDENT REQUEST FOR SCHOOL BUS TRANSPORTATION

(Identification and proof of residency is needed)

Student Full Name: _____

Primary Address: _____

Primary Phone #: _____

School Name: _____ Grade: _____

Student will Ride the bus: Mornings Afternoons Both

Medical Conditions, Allergies or Special Instructions: _____

AM Stop Address/Location: _____

PM Stop Address/Location: _____

Effective Dates for Transportation: Start: _____ End: _____

Parent/Guardian Signature: _____ Date: _____

Student Name: _____

Please Initial The Following Statements

_____ Students are allowed one stop location for pick-up and one stop location for drop off, these locations may be different.

_____ Buses will discontinue a stop after a student has not ridden in 4 consecutive days. Parents will have to call Transportation to continue services.

_____ Students 8 years and younger will not be released without an authorized adult present at stop, unless parent gives permission to do so. This permission must be in writing.

****8 Years Old And Younger Students****

I give permission for my 8 year old or younger child to exit the bus **WITHOUT AN AUTHORIZED ADULT PRESENT.** I hereby release HCSD personnel of any and all responsibility for my child once they exit the bus.

Parent's Signature: _____ Date: _____

I give permission for my 8 year old or younger child to **EXIT THE BUS WITH HIS/HER OLDER SIBLING (sibling has to be 9 yrs or older).** I hereby release HCSD personnel of any and all responsibility for my child once they exit the bus.

Parent's Signature: _____ Date: _____