



Transportation Department • 10 Van Wert Street • Buchanan, GA 30113 • Telephone 770.646.5532 • Fax 770.646.8628  
www.haralson.k12.ga.us

## STUDENT REQUEST FOR SCHOOL BUS TRANSPORTATION

Student Full Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student will ride the bus: Mornings:  Afternoons:  Both:

Parent/Legal Guardian Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Bus Stop Location(s) Requested: (Please Note: Students are allowed one stop location for pick-up and one stop location for drop-off, these locations may be different. Students are not allowed to have multiple pick-up locations and/or drop-off locations. Students will be assigned to the nearest designated bus stop to the requested address/location.)*

AM Stop Address/Location: \_\_\_\_\_

PM Stop Address/Location: \_\_\_\_\_

Effective Dates For Transportation: Start: \_\_\_\_\_ End: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_