HARALSON COUNTY SCHOOLS
Where Learning Comes First

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: _____

FOR MULTIPLE STOP LOCATIONS
(Joint Custody or Childcare Location)

Student Full Name: _____

Primary Address: _____

Primary Phone: _____

School Name: _____ Grade: _____

Parent/Legal Guardian Name: _____Phone:_____
AND
Parent/Legal Guardian Name: _____Phone:_____

Students will be assigned to the nearest designated stop to the requested address/location.

Locations Requested:
Stop Address #1:
_____

Stop Address #2:
_____

Effective Dates For Transportation: Start: _____ End: _____

Parent/Legal Guardian Signature: _____
AND
Parent/Legal Guardian Signature: _____