

BUS #: _____

TIMES: _____



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 #: _____

Parent/Guardian Name: _____

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: _____

Bus #: _____

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.

_____ Students 8 years and younger will be taken to the Afterschool Program at BES or WHES if an authorized adult is not present to receive students from the bus. Parents will be charged a \$7 fee for the Afterschool Program.