

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.