

## ATTENTION PARENT/GUARDIAN!

Please complete the form below if your school aged/kindergarten student will be picked up and/or dropped off by a school bus at an address other than the home address. This would include those utilizing a private or commercial daycare. Please submit the form immediately to insure proper seating for the safety of all students. Additional forms are available at the school and on Stafford County Public Schools' website: [www.staffordschools.net](http://www.staffordschools.net), then go to Transportation.

**➔ RETURN TO: APPROPRIATE STAFFORD COUNTY PUBLIC SCHOOL  
WHERE REGISTERED**

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## TRANSPORTATION DEPARTMENT ADDITIONAL BUS ASSIGNMENT

To facilitate changes required for childcare arrangements, please complete this form by providing accurate and legible information. Students will not be assigned to ride more than two buses, i.e., 1) bus based on home address 2) bus based on childcare provider's address. **All locations must be within the school's attendance area for bus transportation.**

### STUDENT INFORMATION

STUDENT'S NAME: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ OTHER: \_\_\_\_\_

### ADDITIONAL BUS ASSIGNMENT INFORMATION

DATE REQUESTED TO BE EFFECTIVE: \_\_\_\_\_

CHILDCARE PROVIDER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PLEASE **CIRCLE** WHEN CHILD WILL BE AT THIS LOCATION

DAYS: DAILY MON TUES WED THUR FRI VARIES

TIME: AM & PM AM ONLY PM ONLY

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>SCHOOL USE ONLY</b>
STUDENT ID _____

<b>TRANSPORTATION USE ONLY</b>
DATE RECEIVED _____
DATE ON COMPUTER _____