

CASA GRANDE ELEMENTARY SCHOOLS
 220 West Kortsen Road Casa Grande, AZ 85122 (520) 836-2111
Transportation Request

_____ Circle Grade: **KG 1 2 3 4 5 6 7 8**
 _____ **Child's Name** _____ **School**

A separate form must be used for each child to be picked up from or transported on any district bus. Transportation is the responsibility of the parent or legal guardian until this request has been approved and processed. For any additional questions please feel free to contact the School or the Transportation Department at 836-5231 or 836-2111.

1. I request my student be allowed to ride the bus to school from the bus stop nearest:
 _____ This address represents students: **Home** _____ **Family** _____ **Friend** _____
 Address _____
 _____ **Name of Child Care Provider** _____

AM Bus# _____	Bus Stop _____	Pick Up Time _____
FOR OFFICIAL USE ONLY		
Transfer Bus _____ @ _____		to _____

2. I request my student be allowed to ride the bus from school to the bus stop nearest:
 _____ This address represents students: **Home** _____ **Family** _____ **Friend** _____
 Address _____
 _____ **Name of Child Care Provider** _____

PM Bus# _____	Bus Stop _____	Drop/Off Time _____
FOR OFFICIAL USE ONLY		
Transfer Bus _____ @ _____		to _____

<u>KINDERGARTEN STUDENTS COMPLETE SECTION BELOW</u>		
Kindergarten Students must be met at the bus stop by an authorized adult unless walking home with siblings is approved.		
-Name of person to meet the kindergarten student at the pick/up location _____		
-OK FOR KINDERGARTEN STUDENT TO WALK HOME WITH SIBLINGS		<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>1ST GRADE THRU 8TH GRADE COMPLETE SECTION BELOW</u>		
1 st grade through 8 th grade students will be permitted to exit bus at bus stop unless otherwise noted below.		
-OK FOR TO WALK HOME FROM BUS STOP		<input type="checkbox"/> YES <input type="checkbox"/> NO
-PARENT/GUARDIAN TO MEET BUS OR STUDENT WILL BE RETURNED TO SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of person to meet student at the pick/up location _____		

Signature of Parent/Guardian **Parent Home Address** **Home Phone**

Emergency Contact **Phone Number** **Date**

Approved for further review: Principal or Designee _____ DATE _____

Approved Disapproved : Transportation Supervisor _____ DATE _____

If disapproved, reason: _____