

**OXFORD AREA SCHOOL DISTRICT
REQUEST FOR TRANSPORTATION
NEW STUDENT**

Student Name: _____ Grade: _____

Home Address: _____

Parent/Guardian Name: _____ Phone: _____

New Student Request for Transportation

Transportation TO School:

_____ Assign stop closest to home address

_____ Assign stop closest to the following address for child care:

Address: _____

Name of Care Giver/Daycare: _____

Phone: _____

Transportation FROM School:

_____ Assign stop closest to home address

_____ Assign stop closest to the following address for child care:

Address: _____

Name of Care Giver/Daycare: _____

Phone: _____

Parent/Guardian Signature: _____ Date: _____

Please allow ten (10) days to process request.

Office Use Only:

Bus # _____ Stop _____ Time _____ am

Bus # _____ Stop _____ Time _____ pm