

# DANIEL BOONE AREA SCHOOL DISTRICT

## TRANSPORTATION REQUEST FORM TO ADD, CHANGE, OR DELETE LOADING AND/OR UNLOADING ZONE(S)

TODAY'S DATE: \_\_\_\_\_

### REASON FOR REQUEST

- NEW DANIEL BOONE AREA RESIDENT  OTHER \_\_\_\_\_
- CHANGE IN CHILDCARE \_\_\_\_\_
- FAMILY OR STUDENT MOVING \_\_\_\_\_

### GUIDELINES

BUS STOP WILL BE NEAR YOUR RESIDENCE AT AN ESTABLISHED STOP.

AM TRANSPORTATION WILL BE TO ONE LOCATION 5 DAYS A WEEK .

PM TRANSPORTATION WILL BE TO ONE LOCATION 5 DAYS A WEEK .

AM & PM LOCATIONS DO NOT NEED TO BE THE SAME BUT MUST BE IN THE SCHOOLS' ATTENDANCE AREA.

**\*\*ALL CHILDCARE(DAYCARE OR SITTER) MUST BE WITHIN YOUR CHILD'S SCHOOL ATTENDANCE AREA OR DISTRICT APPROVED\*\***

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

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

### ADDITIONAL STUDENTS AT THIS HOME REQUIRING THE SAME CHANGE IN TRANSPORTATION SHOULD BE LISTED BELOW

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

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

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

EMERGENCY CONTACT NUMBER: \_\_\_\_\_

THIS SHOULD BE THE NUMBER THAT WILL MOST LIKELY REACH YOU 24/7

CURRENT LOADING ZONE \_\_\_\_\_

CURRENT UNLOADING ZONE \_\_\_\_\_

REQUESTED LOADING ZONE \_\_\_\_\_

REQUESTED UNLOADING ZONE \_\_\_\_\_

\*\*\*\*\*START / DATE\*\*\*\*\*

DURATION OF CHANGE  
MUST BE FOR AT LEAST

**5** WORKING SCHOOL DAYS

ENTIRE/REMAINDER OF SCHOOL YEAR STARTING WITH THIS DATE:

DATE

CHECK

OR

START  
DATE:

DATE

END  
DATE:

DATE

NAME OF PERSON RESPONSIBLE FOR STUDENT \_\_\_\_\_

As parent or legal guardian I hereby release the school district and related employees of any liability the same as if the student(s) were picked up or delivered to his/her loading/unloading zone when the student(s) is picked up and delivered by the bus at the location requested above.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

APPROVED

COMMENTS \_\_\_\_\_

DENIED

Please send form to [stephen.biggerstaff@dboone.org](mailto:stephen.biggerstaff@dboone.org)