

**Apache Junction
Unified School District**
Transportation Department

**REQUEST FOR SCHOOL BUS
TRANSPORTATION**

PLEASE ALLOW THREE (3) BUSINESS DAYS FOR IMPLEMENTATION
****PRINT LEGIBLY TO AVOID FURTHER DELAYS IN PROCESSING****

Request Type: _____ Current Rider/Change of Address _____ New Student
Student Will Ride: _____ AM Only _____ PM Only _____ Both AM and PM

STUDENT INFORMATION

Student ID# _____

Attending School: _____

Students Legal Name: _____

Name student goes by if different than legal name: _____

Street Address: _____

City: _____ Zip Code: _____

DOB: _____ Grade: _____ Sex: M F

Parent /Legal Guardian Name _____ Cell Phone # _____

Work Phone # _____

Parent /Legal Guardian Name _____ Cell Phone # _____

Work Phone # _____

Emergency Contact Name _____

Phone # _____ Relationship to Student _____

*******RETURN TO YOUR STUDENT'S SCHOOL OFFICE*******

TRANSPORTATION WILL NOTIFY PARENTS AT THE ABOVE NUMBER WHEN THE REQUEST HAS BEEN PROCESSED.

For Transportation Office Only:

Date Received: _____

Bus/Route # _____

P/U Time: _____ D/O Time: _____

Stop Location: _____

Parent Notified - Spoke with: _____ Left message: _____

Date: _____

Staff Signature: _____