

TJMS Bus Routing Request Form

Student Name: _____ Grade: 6th 7th 8th

Parent/Guardian Name: _____ Phone#: _____

Email Address (this is how we will communicate with you, if listed) _____

Home Address: _____ City/Zip Code: _____

Reason for Request (Check One)

- NEW Request** (*My student does NOT have a bus assigned*)
- We have moved.** (*proof of residency required*)
- Additional Stop** (*we need more than one stop; students may only have two*)
- Alternate Stop** (*My student needs an alternate stop due to afterschool care*)
- Unsafe Stop** (*student must walk on a busy street, no sidewalks, etc.*)

Transportation Requested (Check One)

- Morning** (AM) Only
- Afternoon** (PM) Only
- BOTH** (AM & PM)

*If the bus stop request is for an **Additional Stop** or **Alternate Stop**, please list the requested address below.

Address: _____ City/Zip Code: _____

Additional/Alternate Stop (*Reason for the request*)

Unsafe Stop: *Why do you feel this stop is unsafe?*

Parent Signature: _____ **Date:** _____