

## **Bus Stop Request Form**

District/Parish: St. Landry Parish

Date: \_\_\_\_/\_\_\_

Parents/Guardians: Please fill out all sections for your student. Please print neatly.  STUDENT INFORMATION				
Student's Legal Name:  Last	First		Middle	
Date of birth//			Student Grade:	
Parent/Guardian Name				
Home Phone				
0 11 51 : 1411 (5	. I.D. O	221112		
Complete Physical Address of Request	ed Bus Stop in the MC	ORNING		
Physical Home Address			Apt	
City				
Does the student reside at this address	s? (Y/N)	Date Stop to	Begin:	
Complete Physical Address of Request	ted Bus Stop in the AF	TERNOON		
Physical Home Address			Apt.	
City				
Does the student reside at this address			Begin:	
Other information				
	0			
If your child receives Special Education provided?Yes/No	i Services, does your	chila's EIP indi	cate special transportation service	es should be
Emergency Contact:		Phone N	lumbers:	

Use this form to request a new bus stop or a change in your child's current bus stop. Requests must be signed by school administration before a bus route can be assigned. Please note any changes will take at least three school days to implement. Children must have someone visible in order to be released from the bus.