



## CAMAS SCHOOL DISTRICT TRANSPORTATION REQUEST FORM

Add

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

Change

School: \_\_\_\_\_

Delete

District #: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone # 1: \_\_\_\_\_ Work Phone # 2: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Will student be bused to/from a daycare or sitter?**  Yes  No

Sitter Name: \_\_\_\_\_ Sitter Phone: \_\_\_\_\_

Sitter Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bus #: \_\_\_\_\_

Bus Stop: \_\_\_\_\_

Pick-up Time: \_\_\_\_\_ *(Be at stop 5 minutes early.)*

Drop-off Time: \_\_\_\_\_