

AM RT	MD RT	PM RT	OFFICE USE: AM _____ MD _____ PM _____
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Transportation Request Form

(this form is required in order for your student to be routed on a bus)

The following information must be completed, **in full**, in order for transportation to be provided.

SCHOOL: **Michael T. Simmons Elementary**

STUDENT NAME: _____

ADDRESS: _____

NEAREST CROSS STREET: _____

PARENT(S) NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK: _____ CELL: _____

If student will be getting ON the bus from a daycare/sitter location, please complete the following:

DAYCARE/SITTER'S NAME: _____

ADDRESS: _____

NEAREST CROSS STREET: _____

PHONE(S): _____

If student will be getting OFF the bus to go to a daycare/sitter location, please complete the following:

DAYCARE/SITTER'S NAME: _____

ADDRESS: _____

NEAREST CROSS STREET: _____

PHONE(S): _____

PARENTS/GUARDIANS PLEASE NOTE

In order to provide your child with school transportation, it is necessary to have accurate and current information. If **CHANGES** occur in **ANY** of the above information (i.e.: student moves, changes daycare/sitter), please contact Tumwater School District Transportation Department immediately at

709-7700