TRANSPORTATION REQUEST FORM
2017-2018

Durham School Services
12036 Leavenworth Road
Kansas City, KS 66109

Phone: 913-721-9019
Fax: 913-721-9746
kgerman@durhamschoolservices.com

Please write legibly and provide all relevant information. A separate form is needed for each child.

NAME OF CHILD: _____

HOME ADDRESS: _____

GRADE: _____

NAME OF PARENTS/GUARDIANS: _____

HOME PHONE NUMBER: _____

_____ **MY CHILD WILL NOT BE USING BUS SERVICE (Stop here, if this changes, please call transportation at 913-721-9019).**

_____ **MY CHILD WILL BE USING BUS SERVICE (Please provide the information below).**

Is the address above within a housing subdivision? YES NO

Name of housing subdivision: _____

Designate only one address for pick-up and drop-off. Buses will only do one pick-up and drop-off. Any other changes will have to be provided by parents.

Father/Guardian's place of employment: _____

Work phone and cell phone #'s: _____

Mother/Guardian's place of employment: _____

Work phone and cell phone #'s: _____

Who do you prefer we try to contact first? _____

Babysitter used during pick up or drop off times? YES NO
If YES was circled above: AM PM BOTH

If pick-up and drop-off address is different than home address listed above complete the section below.

Babysitter's name: _____

Babysitter's address: _____

Is this a housing subdivision? YES NO

Name of the housing subdivision: _____

Babysitter's phone number: _____

Revised 3/25/15