

REQUEST FOR BUS TRANSPORTATION

Student Last Name	Student First Name	Grade	AM Pick-up	PM Drop-off	Both	
			☐ YES	☐ YES	☐ YES	
			☐ YES	☐ YES	☐ YES	
			☐ YES	☐ YES	☐ YES	
			☐ YES	☐ YES	☐ YES	
	<u>'</u>	1				
	-	iuardian Inforn	nation			
Name on FACTS Accoun	nt					
Name for Bus Arrangements						
Email Address						
Cell Phone #						
Transportation uses the	e Remind text messaging sy	stem for impor	rtant alerts during	the school year	•	
Pick-up Information			Drop-off Information			
Development		Development				
Street		Street				
City		City				
State	Zip Code	State		Zip Code		
with questions. Parent signature of the financi Charges for busing will drop-off options select	irector of Transportation, v /Guardians will be notified fally responsible parent/gua be added to FACTS accoun- ed based on the distance in	of bus schedulardian on the fats according to miles to/from	es by email prior amily FACTS accouthe published fee the Red Lion Can	to the first day ount is required be schedule for the npus.	of school. The elow. e pick-up and	
	Parent/Guardian Name:					
Signature Parent/Guard	dian:			_ Date:		
Director of Transportat						